

# NEW ZEALAND CHRISTIAN COUNSELLORS ASSOCIATION

## STUDENT ASSOCIATE APPLICATION 20\_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

Phone: Hm \_\_\_\_\_ Wk \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity:

<input type="checkbox"/>	European (Pakeha)	<input type="checkbox"/>	Maori
<input type="checkbox"/>	South African	<input type="checkbox"/>	Pacific Island
<input type="checkbox"/>	Korean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Other: _____		

Training Institution: \_\_\_\_\_ Part time / Fulltime (delete the one that doesn't apply)

Qualification enrolled in: \_\_\_\_\_ Estimated Year of Completion: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervision requirements of training institution: \_\_\_\_\_

### *I have:*

- 1. read the Rules of NZCCA.
- 2. read and agree with the Code of Practice and Ethics of NZCCA .
- 3. included with this application is a \$50.00 (incl GST) fee.
- 4. enclosed a letter from my training institution supporting my application.

- Yes** I consent to my name and address being supplied to people offering seminars within New Zealand on the understanding that my name will be supplied only for that mailing list and not
- No** passed on to other mailing lists.

Signed \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

### Payment Options:

There are 2 Options for payment:

- Internet or phone banking to:  
NZCCA : Account No: 12 3012 0806750 00

Write your **FULL NAME** in the reference code and **APPLICATION** in particulars

**Please note:** Payment by internet or phone banking must be received before this application will be processed.

- Cheque made out to "NZCCA" included with this application.

Return to: NZCCA, P O Box 68773, Newton, Auckland, 1145

Ph: 09 361-4183, Email: [info@nzcca.org.nz](mailto:info@nzcca.org.nz)