

NEW ZEALAND CHRISTIAN COUNSELLORS ASSOCIATION

APPLICATION FOR UPGRADE FROM PROVISIONAL TO FULL MEMBERSHIP 2018



Valid for applications received from 1st January – 31st December 2018

(Please print and submit this form single-sided.)

Name: _____

Address: _____

Town/City _____ Postcode: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Phone: Hm _____ Wk. _____ Mob _____

Email: _____

Ethnicity: _____

Iwi Affiliation: (if relevant) _____

Languages Spoken: _____

(This information will be stored on the NZCCA office database only. This is separate to the webpage).

We are interested in how you have developed since you gained Provisional Membership. Please include with this application:

- A brief reflection on how you have developed **personally** as you have gained experience as a counsellor. What have you learned about yourself? (300 words on a separate sheet)
- A brief reflection on how you have developed **professionally**. What have you learned about professional practice? (300 words on a separate sheet)
- A record of your **Professional Development** since you became a Provisional Member of NZCCA
- Details of your **Clinical Counselling Experience** gained since you became a Provisional member of NZCCA.
- \$90 (inc. GST) upgrade fee.

Please discuss your reflections with your supervisor. This application will be read in conjunction with your original application and subsequent annual reviews.

Please note that an interview is a part of the Full Membership application at an additional cost of \$320 including GST. You will be advised about payment of this if your application is approved to move to the interview process.

Application Fee Payment Options:

Payment of the \$90 application fee must be received before this application will be processed.

There are 2 options for payment:

- by internet banking (preferred option)
NZCCA Account No: 12 3012 0806750 00

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

- Cheque made out to "NZCCA" included with this application. (Payment by cheque will incur an additional \$5 cheque handling fee).

Return to: NZCCA, PO Box 97-073, Manukau, Auckland 2241

Ph: 09 361-4183, Email: info@nzcca.org.nz

CURRENT SUPERVISOR'S REPORT

Please note you MUST discuss your completed Application with your Supervisor(s) for verification. Your Supervisor(s) must complete and sign the form which is to be done before you mail the completed application to the NZCCA office.

Your Supervisor(s) must be a member(s) of a relevant professional organisation (NZCCA, NZAC, NZAP or equivalent) and have Supervision training (exceptions may be considered on a case by case basis).

The attached Supervisor's report must cover a minimum period of six months immediately prior to this application. The supervision must be with the same supervisor.

The number of supervision sessions must be aligned with NZCCA requirements for members:

- Provisional Membership- one hour of individual supervision for every 20 hours of practice, or monthly, whichever comes first.
- Full Membership – one hour of individual supervision for every 40 hours practice, or monthly, whichever comes first.

If you are seeing or have seen more than one Supervisor in the past 12 months, please include a report from each Supervisor.

NB: When considering this application NZCCA may contact your Supervisor(s) to discuss your application.

SUPERVISOR'S DETAILS

Name of Supervisor filling in this form: _____

Phone (work): _____ Phone (cell): _____

Email: _____

You may be contacted as part of the application process – please state how you would prefer to be contacted (landline, mobile or email). Are there any days/ times which are preferable/ not suitable?

Professional affiliation(s) of supervisor: _____

Qualifications of supervisor including training in supervision: _____

SUPERVISION DETAILS

Type of supervision (circle): Individual / Peer / Group / Cultural

Date supervision commenced: _____

Date of last supervision session: _____

Total number of sessions with the applicant: _____

Length of each session: _____

How often does supervision take place? (approx.): _____

In the last 12 months how much supervision has been:

Counsellor talking about clients: _____ Hours

Listening to counsellor/client audiotape: _____ Hours

Viewing counsellor/client videotape: _____ Hours

Direct observation: _____ Hours

Personal issues: _____ Hours

Other (please specify): _____ Hours

_____ TOTAL

How many face to face counselling hours have been completed since graduation (minimum requirement= 200 hours)

_____ Total

How many face to face counselling hours have been completed in total (minimum requirement= 400 hours)

_____ Total

ASSESSMENT

Indicate your assessment of the applicant by entering a number (using the scale below) in the boxes provided to the right of each question or item:

- 5 = excellent
- 4 = good
- 3 = adequate
- 2 = inadequate
- 1 = poor
- 0 = insufficient information to make an assessment

Ability to establish and maintain close empathic relationships with clients _____

Demonstration of core counselling skills (e.g. listening skills, assessment skills) _____

Awareness of boundary issues _____

Awareness of transference/ counter transference _____

Understanding of cultural issues _____

Appreciation of ethical principles _____

What do you consider to be the strengths and growing edges of this applicant?

a) Strengths

b) Growing edges

List the counselling models the applicant uses in their counselling practice.

Comment on the type of issues that this applicant would be competent to work with at this stage of their practice.

Comment on this applicant's suitability for membership of NZCCA at this level.

I have read the applicant's reflections and certify, to the best of my knowledge the applicant has:

- completed 200 supervised hours of face to face counselling since graduation as a counsellor
- attended supervision regularly (one hour of individual supervision for every 20 client hours with a minimum of one hour per month)
- is committed to ongoing professional development

Signature of Supervisor: _____ Date: ____/____/____

Thank you for completing these forms. Please ensure that you have completed the following:

I certify that I have:

Read and agree to abide by the:

- NZCCA Code of Practice and Ethics
- Rules of the NZCCA

- I have used the version of this application form for the current calendar year i.e. you must use the 2018 application form to apply in 2018.
- Paid **\$90.00 (GST incl.)** or \$95.00 (GST incl.) if paying by cheque with my application.
- Completed and included all sections.
- Submitted the application and associated documents in the order of the application form. Please do not staple documents.
- Understood that my record of Professional Development needs to align with annual membership criteria.
- Discussed this application with my supervisor who has completed and signed the Supervisor's Report.
- Understood that an interview will be required for Full Membership. The interview fee is an additional \$320 (incl. GST) and any travel costs to the interview venue will be borne by me. (Note: interviews are held in most main cities).
- Understood that satisfactory completion of an Annual Practice Review and appropriate supervision hours are part of the criteria for ongoing membership. Please note that Provisional members require one hour of individual supervision for every 20 client hours with a minimum of one hour per month. Full members require one hour of individual supervision for every 40 client hours with a minimum of one hour per month.

In signing this application, I declare that I have disclosed all relevant information, that it is true and correct and that I give consent for NZCCA to contact my current supervisor(s) or any previous supervisor(s), and any person or organisation named in this application about any matter relevant to my application.

I also confirm that I have fully discussed in supervision:

1. Any previous criminal convictions, or any charges pending that I have, other than minor traffic infringements
2. Any complaint(s)/ concern(s) raised by any professional body
3. Any complaint(s)/concern(s) raised with current or former employment.

Signed _____ Date _____