

**NEW ZEALAND CHRISTIAN COUNSELLORS ASSOCIATION  
STUDENT ASSOCIATE APPLICATION 2018**



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

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

Town/City \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Phone: Hm \_\_\_\_\_ Wk. \_\_\_\_\_ Mob \_\_\_\_\_

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

Ethnicity: \_\_\_\_\_

Iwi Affiliation: (if relevant) \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Training Institution: \_\_\_\_\_ Part time / Full time Year: 1 2 3 (please circle)

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

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

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

***I agree to:***

- read the Rules of NZCCA.
- read and abide by the NZCCA Code of Ethics.
- include the application fee of \$20 (GST inc.). Free for students in their first year of study.
- enclose a letter from my training institution supporting my application.

**Note:** To maintain your Student Associate status, an annual student associate fee of \$20 will be invoiced in January/February to cover the period 1 January – 31 December (the NZCCA Student Associate period).

**Payment Options:**

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

I consent to my name and address being added to the NZCCA regional and national databases for information related to the counselling profession which may be of interest to me.

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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