

# NEW ZEALAND CHRISTIAN COUNSELLORS ASSOCIATION



## MEMBERSHIP APPLICATION 2019

Valid for applications received from 1<sup>st</sup> January – 30 November 2019

**(Please print and submit this application form single-sided)**

Level of Membership: I am applying for (see Section 7 of the Rules of NZCCA for an outline of these levels):

Provisional Membership

Full Membership

### Section: A

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

Known As: \_\_\_\_\_ (i.e. the name you want to appear on your certificate and communications)

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).

**Please give your response to the following (consent is optional)**

*If my application is successful:*

I consent to my name and address being published on the NZCCA website.

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.

### **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. (Please add \$5 for our cheque handling fee).

If your application is successful, the membership fee structure is as follows (**do not** include this with your application fee);

Membership fees for applications approved after:

1<sup>st</sup> July \$395    1<sup>st</sup> October \$296.25    1<sup>st</sup> January \$197.50    1<sup>st</sup> April \$98.75

Please note that the membership fee outlined above covers our membership year from the date of approval of your application until 30 June.

Membership fees can be paid by instalments. Please contact the office for details.

Please consult the NZCCA Code of Ethics and Policies & Procedures in the completion of this document.

## Section B: 1– Qualifications and Professional Development

1: Please list below the formal tertiary counselling qualifications you have attained or are in the process of attaining.

Attach to the application form:

- a) A transcript of your academic record
  - photocopy of names of papers and results
  - photocopy of completed Diploma or Degree
- b) Verification of your practicum hours by your training institution (Provisional Applications ONLY)
- c) If your academic qualifications are from an overseas provider, please include your NZQA verification.

PLEASE NOTE: **ALL** documents must be verified by one of the following:

- a Justice of the Peace,
- an Officer of the Court (this includes a Solicitor), or
- a Minister of Religion.

**NB: When assessing your application NZCCA may contact education providers if clarification or further information about your qualification is needed to process your application.**

Qualification: _____
Training Facility: _____
Location: _____
Date completed: _____
Qualification: _____
Training Facility: _____
Location: _____
Date completed: _____
Qualification: _____
Training Facility: _____
Location: _____
Date completed: _____



## Section B: 2 - Counsellor Clinical Experience

1. Please indicate (circle) which category your experience is in:

A: Pre-Training      B: During training (e.g. Placement/Internship)      C: Post Training

F/T: Full Time      P/T: Part time

2. On a separate page, please give details of your clinical counselling experience for each position you have held, starting with the most recent, as follows.

- Setting (agency, church etc.)
- Position held
- Dates (duration)
- Client type
- Average client hours per week
- Clinical supervisor

Please answer these questions on a separate page.

## Section C: 1- Personal Development and Awareness (300– 500 words)

- 1: Please give details of personal development undertaken prior to or during your counselling training. This may include:
  - Personal counselling, spiritual direction or life coaching.
  - Personal development courses and workshops (please include a brief description).
- 2: Describe how this personal development has affected your practice as a counsellor. This description should demonstrate insight and self- reflection, with a level of personal disclosure and awareness.

## Section C: 2- Ethical Practice

- 1: Describe 4 practices or issues you attend to, or are vigilant about, to ensure you practise in an ethical manner. Please link these to the NZCCA Code of Ethics. **(300– 500 words)**
- 2: Describe an ethical dilemma (simple or complex) and how you dealt with it. **(300– 500 words)**
  - a) Describe the ethical dilemma: an ethical dilemma can be seen as a conflict between two equally held values.
  - b) Identify the conflicting values (e.g. client confidentiality vs. client safety)
  - c) Detail the steps taken to resolve the dilemma
  - d) What did you learn from this personally and/or professionally?
3. How does being a Christian influence your counselling practice? **(no more than 100 words)**

## Sections C: 3- Training & Bi-Cultural – Treaty of Waitangi Awareness

Please list the following (including dates):

- Name of organisation where your experience or training was gained (minimum of 30 hours). This could include, in part, cultural supervision.
- A list of the courses attended including the material covered.
- A list of your experiences, including a compulsory marae visit or stay.

NB: For Provisional and Full membership, every applicant must have completed Bi- Cultural/ Treaty of Waitangi training in a course that offers at least 30 hours of training/ experience. A Marae visit should be included; an overnight stay is preferred but not essential. Membership cannot be considered until this training has been undertaken.

Write a personal response on how your understanding and knowledge of the Treaty of Waitangi and Tikanga Maori influence your counselling practice. **(300 – 500 words)**

## Section D: - Professional Associations

1. What are you hoping to gain from being an NZCCA member? **(about 100 words)**
2. Are you able to offer to NZCCA specific skills, expertise or time? (this could be locally, regionally or nationally)

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3. Are you currently or have you previously been a member of any other professional body in New Zealand or overseas representing counselling, psychotherapy, psychology or other relevant health or social service field (e.g. social work)? This may include past membership of NZCCA.  
Yes  No

If yes to the above, please complete Question 4.

4. Please list the names of all relevant professional associations of which you have previously been or are now a member. In each case:
  - a. State the name of the professional body
  - b. State the years in which you were a member
  - c. Give your level(s) of membership
  - d. Enclose evidence of membership if current (photocopy)

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5. Do you have any current outstanding professional complaints, or professional complaints which have been lodged against you in the past which were upheld in New Zealand or another country?  
Yes  No

a. If yes please provide details:

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b. If no, please supply a letter from any professional association of which you are a past or current member confirming that you have not been and are not currently subject to any concern/s/complaint/s about your practice.

6. Have you previously been refused membership of NZCCA, or a similar professional association?  
Yes  No

If yes to the above, please provide details:

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7. Would you like to make any further comments regarding your application?

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## Section E: 1– Interview and Counselling Supervision

### 1 INTERVIEW

Please note that you will be required to attend an interview as part of the Full Membership application process. On occasion, the Membership Committee may request to interview a Provisional Applicant. This is at their discretion. If an interview takes place you will be charged \$320 including GST to defray Association expenses incurred.

### 2 SUPERVISION (please read carefully)

Please note you MUST discuss your completed Application with your Supervisor(s) for verification. Your Supervisor(s) must complete and sign section E: 2. This must 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 our requirements: 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.**

Section E: 2

CURRENT SUPERVISOR'S REPORT

**SUPERVISOR'S DETAILS**

1.1 Name of Supervisor filling in this form: \_\_\_\_\_

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

Phone (wk): \_\_\_\_\_ Phone (mob): \_\_\_\_\_

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?

\_\_\_\_\_  
\_\_\_\_\_

1.2 Professional affiliation(s) of supervisor: \_\_\_\_\_

1.3 Qualifications of supervisor including training in supervision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANTS DETAILS**

2.1 Name of Applicant: \_\_\_\_\_

2.2 Membership category being applied for:

Provisional Member

Full Member

**SUPERVISION DETAILS**

2.3 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

Online (if so, please give rationale): \_\_\_\_\_ Hours

Other (please specify): \_\_\_\_\_ Hours

\_\_\_\_\_ TOTAL

**Please note that at least ONE counsellor/client audiotape or videotape is required to have been shared with your supervisor in the past 12 months.**

Please tick here to confirm the applicant has shared an audio or videotape of a session with you

#### ASSESSMENT

2.4. 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, maintain and 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.

NZCCA appreciates the time taken to complete this report.

I declare that I have read the completed Application Form (Sections A– E) for the person mentioned in this supervision report.

Signed by Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## Section F: Criminal History and Police Vetting Consent

1. Do you have any criminal convictions or are you under investigation, or aware of any charges pending in New Zealand or in any other country other than minor traffic infringements?

Yes  No

If yes please provide details and also attach a detailed statement outlining your conviction details:

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2. **Proof of Identity**

Please attach verified copies of:

- a) your birth certificate
- b) your marriage certificate (if your name has changed due to marriage)
- c) Document(s) supporting any additional changes of name
- d) your driver's licence or passport

PLEASE NOTE: ALL documents must be verified by one of the following:

- a Justice of the Peace,
- an Officer of the Court (this includes a Solicitor), or
- a Minister of Religion.

3. Please complete Sections 2 and 3 of the enclosed New Zealand Police, Vetting Service Request and Consent Form (pages 13 and 14 of this application form) and return with your application. Please note the first page of the Police Vetting and Consent form is for NZCCA to complete.

**Section 1: Approved Agency to complete** (For more information please see the [Guide to Completing the Consent Form](http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

**Name of Approved Agency submitting vetting request:**

New Zealand Christian Counsellors Association

**Name of Applicant to be vetted:**

**Description of Applicant's role:**

Association Membership ( Counsellor)

**Applicant's purpose**

- Employee       Contractor/Consultant       Volunteer       Prosecution  
 Vocational Training       Licence/Registration       Visa/Work Permit       Other

**What group(s) will the applicant have contact with in their role for your agency?**

- Children/Youth       Elderly       Other Vulnerable Adults       Other

**What is the applicant's primary role for your agency?**

- Caregiving (Children)       Caregiving (Vulnerable adults)       Healthcare       Education       Other

**Will the role take place in the applicant's home?**

- Yes       No

**Will the applicant be a volunteer or paid for their role?**

- Paid       Volunteer

**Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?**

- Yes (VCA Core Worker)       Yes (VCA Non-Core Worker)  
 No (mandatory under other legislation/optional/standard Police Vet)

**If this is a mandatory Vulnerable Children Act request, please specify the check reason below:**

- New Children's Worker       Existing Children's Worker       VCA Renewal

**Evidence of Identity** (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)  
 A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)  
 One form of ID is photographic (Mandatory – see the [guide](#) for further details)  
 Evidence of name change has been sighted (if applicable)

*OR: If your organisation is able to accept a verified RealMe identity then:*

An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: Craig Sergeant (NZCCA Administrator)

Date: \_\_\_\_\_ / 2019

Signature: \_\_\_\_\_

Electronic  
Signature

**Name of Approved Agency submitting vetting request:**

New Zealand Christian Counsellors Association (NZCCA)

**Section 2: Applicant to complete and return to Approved Agency**

*\*Denotes a mandatory field*

**Personal Information**

Details (note: the name you are most commonly known by is your primary name)

\*Family name (Primary):

Given name(s):

\*Gender:  (M)  (F)  (Other)      \*Date of birth:  (dd/mm/yyyy)

\*Place of birth:  (Town/state/country)

NZ Driver Licence number:

**Previous names:** If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Permanent Residential Address**

\*Number/Street:

Suburb:       Post Code:

\*City/Town/Rural District:

## Section 3: Applicant to complete and return to Approved Agency

### Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
  - Conviction histories and infringement/demerit reports
  - Active charges and warrants to arrest
  - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
  - Any interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
  - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
  - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released unless:
  - a) Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
  - b) Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children’s workers).
  - c) The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.Please see the guide for more information regarding the Clean Slate legislation.
3. The Police Vetting Service may disclose newly-obtained relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
  - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
  - The Police Vetting Service has taken steps to confirm that the purpose of the Police vet still exists – e.g. that I got the role which required a Police vet and am still employed or engaged in it.The Vetting Service will endeavour to notify you prior to the disclosure.
4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police’s disclosure of the vetting result, by notifying the Approved Agency.  
For further information, please see the Guide to Completing the Consent Form.

#### Applicant’s Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

Name:

Date:

Signature:

Electronic  
Signature

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 2019 application form to apply in 2019.
- Paid **\$90.00 (GST incl.)** or \$95.00 (GST incl.) if paying by cheque with my application.
- Completed and included all sections (A-F).
- Submitted the application and associated documents in the order of the application form. Please ensure each essay starts on a separate page. Please do not staple any documents.
- Included transcripts relative to my training as well as certified copies of birth certificate, marriage certificate, drivers licence or passport and any letters requested in my application.
- Understood that my record of Professional Development needs to align with annual membership criteria.
- A letter from current or previous professional organisation(s) are included (if applicable).
- 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. On occasion, the Membership Committee may request to interview a Provisional Applicant. This is at their discretion. 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 and that the information provided in this application is true and correct. I give consent for NZCCA to contact my training institution(s) (B1), my current supervisor(s) or any previous supervisor(s) (E2), 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 other professional bodies
3. Any complaint(s)/concern(s) raised with current or former employment.

Signed \_\_\_\_\_

Date \_\_\_\_\_