

**NEW ZEALAND CHRISTIAN COUNSELLORS ASSOCIATION
STUDENT ASSOCIATE APPLICATION 2019**



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: ____/____/____