

**2019 ANNUAL PRACTICE REVIEW  
SUMMARY FORM**

**1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019**



**Please print this form single-sided, write clearly and post back to the office by 31 May.**

COUNSELLOR'S 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.)

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**PLEASE READ CAREFULLY:**

The returned form, together with your payment, must be received by the NZCCA office by **31<sup>st</sup> May 2019** or your membership may be cancelled. 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 **ANNUAL REVIEW** in particulars.

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

Please Note: Payments can be spread out over the year if necessary and reduced rates for Community Service Card holders are available. Please contact the office for details.

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Are you a Provisional, Full or Retiree Member? Please circle:                      Provisional / Full / Retiree

How many years counselling experience do you have? \_\_\_\_\_

## Professional Development

The *minimum* number of hours for Professional Development for this period (1<sup>st</sup> April 2018 - 31<sup>st</sup> March 2019) is fifty (50) hours (Retirees who fulfil 'Retiree Criteria' with Retirees form attached - 20 hrs).

**Supervision Requirements** must be met, and the **Criteria Assessment** must be completed and discussed in supervision.

Total number of PD hours undertaken: \_\_\_\_\_

### PROFESSIONAL DEVELOPMENT ACTIVITIES – MINIMUM 50 HOURS

This may include training courses, seminars, conferences, attending regional meetings, clinical/professional reading and research, on-line training etc. We suggest the inclusion of a maximum of 10 hours for professional reading as we value connection with other professionals. We understand that in some circumstances this is difficult and we will review each situation on a 'case by case' basis if a covering letter is included. (Twenty (20) hours for Retirees which must include at least one workshop.) Please note, professional development does not include supervision.

NAME	DATE	BRIEF DESCRIPTION	HRS

**STRENGTHS IDENTIFIED BY YOU AND YOUR SUPERVISOR DURING THIS REVIEW** *(this section must be completed):*

**GOALS and AREAS FOR ONGOING DEVELOPMENT IDENTIFIED BY YOU AND YOUR SUPERVISOR DURING THIS REVIEW** *(this section must be completed):*

Within your professional context has a complaint been raised against you in the review period? Yes / No

If so, has this complaint been upheld? Yes / No

If yes, please provide details:

Have you been convicted of any criminal offence during the review period? (Does not include traffic infringements).

If yes please provide details Yes / No

## SUPERVISION

### Supervision Requirements:

1:40 clients, minimum monthly (Full Members & Retirees)

1:20 clients, minimum monthly (Provisional Members)

*Supervisors must have supervision training (refer to the Supervision Statement on our website).*

In the last year, how many client hours have you completed per month, on average? \_\_\_\_\_

How often does supervision take place? \_\_\_\_\_

In the last 12 months how many face to face supervision sessions have you undertaken in total? \_\_\_\_\_

In the period from 1 April 2018 to 31 March 2019 how much supervision has been:

- Face to Face \_\_\_\_\_ Hours
  - Face to Face Online (refer to FAQ's on website) \_\_\_\_\_ Hours
  - Group/ Peer Supervision \_\_\_\_\_ Hours  
*(you may only claim the time spent discussing your own clients)*
  - Agency/ Internal \_\_\_\_\_ Hours
  - Phone (refer to FAQ's on website) \_\_\_\_\_ Hours
  - Other: \_\_\_\_\_ Hours
- TOTAL \_\_\_\_\_ Hours

If you have seen more than one supervisor during the 12-month review period please copy the supervision section of this form (pages 3 – 5) and ask your second supervisor to fill it in and sign it. Return both supervision reports to NZCCA with your Annual Review.

If you have had fewer than 11 hours of supervision please explain your extenuating circumstances e.g. illness and these will be considered on a case by case basis.

## SUPERVISOR VERIFICATION

This **Annual Review** has been completed in accordance with the review criteria as summarised above. We have discussed the **Annual Practice Review Criteria Assessment** and I am satisfied that my supervisee:

- has undertaken adequate professional development
- is practising safely

Supervisor comments (optional):

Signed by **Supervisee** \_\_\_\_\_

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

Signed by **Supervisor** \_\_\_\_\_

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

In signing this review I acknowledge that I have read the supervision requirements of NZCCA and have discussed this report with my supervisee.

**Yes / No**

### SUPERVISOR:

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

Address: \_\_\_\_\_ TOWN/CITY \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Professional affiliations: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Qualifications in Supervision: \_\_\_\_\_

**IMPORTANT: Please ensure you have completed ALL questions in this form.**

#### Checklist:

- I have paid my Annual Membership Fee (or arranged to make payments).
- I have completed a minimum of 50 hours of Professional Development (and included an explanation if less than 50 hours).
- I have signed the section 'Signed by Supervisee' (page 5)
- My supervisor has signed the section 'Signed by Supervisor' (page 5)
- My supervisor has completed the question under the signatures (page 5)