

Approved Counselling Service

Application for Approved Counsellors

Thank you for your interest in becoming a Victims Services Generalist Counsellor. The Approved Counselling Scheme provides counselling for victims of violent crime who often have complex trauma symptoms. Therefore, there are minimum requirements you must meet to be eligible to be a Victims Services Generalist Counsellor.

Approval criteria

Applicants must be:

- A member of the Royal Australian and New Zealand College of Psychiatrists (RANZCP); or
- A member of the Australian Association of Social Workers (AASW); or
- Registered as a psychologist with the Australian Health Practitioner Regulation Agency (AHPRA)

Discretionary approval in areas of shortage

The Commissioner may approve a person who does not qualify under the criteria above to provide approved counselling services in any part of the State where there is a shortage of counsellors. To be eligible for consideration under this discretion you must meet one of the following criteria:

- Have completed either ECAVs Advanced Diploma in Aboriginal Special Trauma Counselling and/or ECAVs Graduate Certificate in Human and Community Services, and be registered with the Australian Counselling Association or the Psychotherapy and Counselling Federation of Australia (any level).
- Be registered with the Australian Counselling Association as a level 3 or 4 member.
- Be registered with the Psychotherapy and Counselling Federation of Australia as a clinical member.

The Commissioner of Victims Rights has the final discretion to approve applications that meet the minimum standards.

Further requirements

All applicants must also:

- demonstrate a minimum of three years' experience as a registered provider of clinical services in their profession
- demonstrate currency in counselling victims of crime (within the past 2 years)
- demonstrate currency in trauma-informed professional development
- demonstrate the ability to assess victims of crime and develop intervention plans
- have a current clinical supervisor with whom they meet regularly
- carry indemnity insurance
- work from a practice address.

The Commissioner of Victims Rights has the final discretion to approve applications that meet the minimum standards.

Checklist

In addition to meeting the Approval Criteria, applicants must submit a typed application form and supply the following documents: (Tick off each required document and send this checklist back with your completed application)

- Application form
- Two written references
- Curriculum Vitae
- Continuing Professional Development Log
- Current Working with Children Check number
- Certified copy of current National Police Check
- Copy of driver's license or passport

The Professional Advisory Panel emphasises the requirement for applicants to submit all of the listed documents with their completed application. Applications with missing or incomplete information will not be progressed for approval.

Operating Guidelines for Approved Counsellors

All applicants must read and agree to abide by the *Operating Guidelines for Approved Counsellors*, a copy of which is available on our website: www.victimsservices.justice.nsw.gov.au

Letter of Appointment

If a determination is made to approve your application, you will sign a letter of appointment. Approved Counsellors are required to comply with the Letter of Appointment at all times.

Application approval pathway

Note: Incomplete applications will not be considered or progressed.

Applications open for lodgement
Applications reviewed by Victims Services
Professional Advisory Panel (PAP) make recommendation to the Commissioner of Victims Rights
Commissioner of Victims Rights makes final decision
Outcome communicated to applicant
Deed of Agreement signed
Generalist Counsellor can commence work under the Approved Counselling Service

Lodgment

You can lodge your application via:

Email vs@justice.nsw.gov.au (Attention: Approved Counselling Programs)

Post The Commissioner of Victims Rights
Victims Services
Locked Bag 5118
Parramatta NSW 2124

If you have further questions please contact **Approved Counselling Programs** on:

Phone 1800 633 630

Email vs@justice.nsw.gov.au

Approved Counselling Service

Application for Approved Counsellors

Part A: Personal details

1. Name	Title	Surname		
	First	Middle		
2. Gender				
3. Date of birth		(dd/mm/yyyy)		
4. Address	Home			
	Suburb	State	Postcode	
	Postal			
	Suburb	State	Postcode	
<i>Note: All Victims Services' correspondence will be sent to your nominated postal address.</i>				
5. Contacts	Phone/mobile	Email		

Part B: Equal Employment Opportunity details *(The provision of EEO details is voluntary. They are requested to improve service delivery to clients only. We ask for your cooperation in completing this section.)*

6. Are you an Aboriginal or Torres Strait Islander?				
7. Are you from a racial, ethnic or ethno-religious group which is a minority in Australian society?	Yes	No	Prefer not to answer	<i>If yes, ► please indicate</i>
8. Do you provide counselling in a language other than English?	Yes	No	<i>If yes, ► please list any languages other than English that you are able to speak at the required level for providing counselling?</i>	

Part C: Educational details

Award type	Title of qualification	Award date (dd/mm/yyyy)
I have attached my curriculum vitae		

Part D: Professional registration details

9. Profession

10. Professional body

11. Current registration no.

12. Registration status

13. Registration expiry date (dd/mm/yyyy)

14. Practice endorsements

15. Practice restrictions or conditions on practice

16. Other relevant registrations and memberships

17. Have you had any complaints lodged against you in the last 5 years?

No

Yes ► *please provide details/outcome*

18. Are you registered to provide services with Medicare?

No

Yes, Provider No.

19. Working With Children Check No. WWC Expiry date (dd/mm/yyyy)

20. National Police Check No. Issue date (dd/mm/yyyy)

Part E: Supervision details

Note: Regular individual clinical supervision is a mandatory requirement

21. Supervision frequency Fortnightly Monthly Weekly Other (please provide details)

22. Primary clinical supervisor's contact details

Name

Email

Phone

Supervisor's profession

Note: Your supervisor may be contacted to confirm this arrangement and to discuss practice concerns.

23. Date of commencement with clinical supervisor (dd/mm/yyyy)

Part F: Referee details

Please provide 2 letters of reference with your application from (1) your clinical supervisor and (2) a senior colleague or professional peer who has known you for a minimum of 12 months and can comment on your credibility, professional experience and reputation

Your referees need to testify you have:

- A minimum of 2 years experience post registration providing assessment, intervention and outcome plans for victims of crime; and*
- You have been counselling victims of crime during the last 2 years.*

Referee 1

Referee 2

Title

Title

Name

Name

Occupation

Occupation

Relationship

Relationship

Contact No.

Contact No.

Email address

Email address

Part G: Continuing professional development details

24. Please specify the relevant **trauma-specific** professional development and training undertaken in the last 3 years or provide a copy of your practice continuing professional development logs for the past 3 years

Date (dd/mm/yyyy)

Name

Type

Duration

Part H: Working with victims of crime

25. Why do you wish to be considered as an Approved Counsellor?

26. What are the essential elements of a Trauma Informed Counselling Practice?

27. Provide an example of how you have assisted a client with complex trauma

Part H: Working with victims of crime, continued

28. Have you worked with victims of crime in the past 2 years in another capacity? (i.e. as part of paid employment)

No Yes ► please specify below

29. Are there any client groups you have a specific expertise in working with? (Please tick all applicable)

- Aboriginal or Torres Strait Islander
- Culturally and linguistically diverse backgrounds (please specify)
- Children (0-6 years) Children (7-16 years)
- Young people (16-18 years) Young people (18-21 years)
- Clients with a history of mental illness Clients with an intellectual disability
- Clients with an acquired brain injury Clients who identify as LGBTIQ
- Clients who identify as transgender Clients with a history of drug and/or alcohol use
- Clients with a cognitive impairment (other than as listed)

30. Please list any specialist training undertaken in the areas selected in Q.29

Date (dd/mm/yyyy)	Name	Type	Duration
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31. Which types of victims have you worked with? (Please tick all applicable)

- | | | |
|---|---|------------------------------|
| Adult survivor of child sexual assault – Female | Adult survivor of child sexual assault – Male | |
| Recent sexual assault – Adult | Recent sexual assault – Child | Domestic and family violence |
| Physical assault | Homicide | Elder abuse |
| Abduction/kidnapping | Armed robbery/hostage | Ritual abuse |

32. Please outline any specific or specialised trauma informed work in one in these areas (i.e. facilitated groups for male survivors; counselled Royal Commission clients)

Part H: Working with victims of crime, continued

33. Describe your approach to initial consultations with, and assessments of, victims of crime

33. Describe how you currently review and monitor the progress of victims of crime you provide services to. *(In your response you may want to include the frequency of reviews, assessment tools, evaluation tools.)*

Part H: Working with victims of crime, continued

35. What do you consider to be successful outcomes working with victims of crime?

36. During the course of your work with victims of crime, have you provided or assisted with:

Court reports/submissions

Victim impact statements

Court support

Note: *In limited circumstances exceptions may be made to normal counselling practice. For clients who have difficulty travelling to appointments because of their remote location, mobility problems or anxiety issues, telephone counselling, video counselling or home visits may be arranged.*

37. Have you provided counselling in the following circumstances? (please tick all that apply)

via telephone

via video conferencing

in juvenile centres

in correctional centres

in a client's home

38. Please describe in more detail your experience counselling in the nominated areas (i.e. worked in telephone counselling service)

Part I: Practice details

39. Please complete the following for each practice location you wish to see Victims Services clients.

Practice address 1

Practice name	Wheelchair accessible?	No	Yes
Building name	Evening appointments available?	No	Yes
Address	Weekend appointments available?	No	Yes
Suburb	Is this practice your home address?	No	Yes
State	Postcode	Ph. No. for clients to make appointment	

Practice address 2

Practice name	Wheelchair accessible?	No	Yes
Building name	Evening appointments available?	No	Yes
Address	Weekend appointments available?	No	Yes
Suburb	Is this practice your home address?	No	Yes
State	Postcode	Ph. No. for clients to make appointment	

Part J: Bank and GST/ABN details

Note: The following information is requested for EFT purposes. Please refer to the Appendix 1: Payment information for further advice.

40. Direct Credit Authority

Bank name	Branch		
Account name (if different from counsellor's name)			
Account No.	BSB No.		
I hereby direct all fees payable to me to be deposited to above bank account	No	Yes	

41. GST/ABN details

Business name	ABN (must be 11 digits)		
Are you registered for GST?	No	Yes	

Appendix 1: Payment information

GST registration

In order to charge the GST you must be registered for GST, which is in addition to ABN registration. If you are under the GST threshold of \$75,000 per annum turnover and if you have opted not to register for GST then you will not be required to charge GST.

However, even if you are not registered for GST, it is recommended that you obtain an ABN registration, otherwise withholding tax of 46.5% may apply to your payments.

You will be required to identify your GST status at the time of submitting an online invoice. If your status changes, you will need to advise Victims Services in writing. GST will be added at invoice submission.

Where to send your application

Completed forms may be returned to:

Email: vs@justice.nsw.gov.au (please mark the subject of your email as 'Approved Counselling Programs')

Fill out the form, save it and press the submit button above to email the form to Victims Services.

To assist with legibility, please ensure this form is typed not hand written.

For further information, phone **Approved Counselling Programs: 1800 633 063**