

## Approved Counselling Service

### Change of details (contact, postal, practice, banking)

In order to maintain accurate records, Approved or Interim Counsellors wishing to update their records need to complete this form. Part A: Personal details must be completed in full. Fill in Part B to indicate which of your details has changed then fill in the appropriate parts. To assist with legibility, please ensure reports are typed not hand written.

#### Part A: Personal details

Name	Title	Surname
	First	Middle
Counsellor Approval Number		

#### Part B: What are you changing?

Contact details	Postal address	Practice address	Banking details
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#### Part C: Contact details

Phone/mobile	Email
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#### Part D: Postal address details

Postal address			
	Suburb	State	Postcode

#### Part E: Practice address details

<b>Practice address 1</b>				
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		
<b>Practice address 2</b>				
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 F: Banking details

Please note that Approved Counsellors are only able to be registered under one business entity with Victims Services at any given time. If your services are transferred to another business entity and you wish for that entity to be paid, please ensure the appropriate details are provided below.

### 1. 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

### 2. GST/ABN details

Business name

ABN *(must be 11 digits)*

Are you registered for GST?

No

Yes

I confirm all details are true and correct and to the extent I am providing new financial details, I confirm that I am authorised to operate the account represented by the BSB and account number provided.

*(Counsellor's signature)*

*(date signed – dd/mm/yyyy)*

## Where to submit this form

Completed forms may be returned to:

Email: [vs@justice.nsw.gov.au](mailto:vs@justice.nsw.gov.au) (please mark the subject of your email as 'Accounts')

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