

## Approved Counselling Service

### Application for Interim Counsellors (limited referrals)

The Approved Counselling Service (ACS) is a NSW statewide service that provides client focused, early intervention counselling for victims of violent crimes.

This application will allow you to seek approval to provide an interim counselling service to a specific client under the ACS.

Approval will only be given if you have a pre-existing therapeutic relationship with the client and/or another compelling reason that would prevent the client from using an existing Generalist Counsellor Tier 1 with the ACS.

If approved, you may only provide counselling services to the client listed on your application. Please refer any new clients who you identify as victims of crime to Victims Services for allocation to an Generalist Counsellor.

The *Operating Guidelines for Approved Counsellors* outline our professional and practice requirements.

You must complete this application and return it with all of the documents outlined in the checklist.

All applications are considered by the Commissioner of Victims Rights, and you will be notified of the outcome of your application in writing.

Services to clients under the ACS can only commence upon receipt of a written approval.

You can lodge your application at [vs@justice.nsw.gov.au](mailto:vs@justice.nsw.gov.au) (Attention Approved Counselling Programs Team).

If you have any further questions please contact the Approved Counselling Programs Team on:

Phone: 1800 633 063 or Email: [vs@justice.nsw.gov.au](mailto:vs@justice.nsw.gov.au)

## Checklist

(Tick ☒ off each required document and send this checklist back with your completed application)

- ☐ Interim Counsellor Application Form (all questions completed)
- ☐ Written reference from clinical supervisor
- ☐ Cover letter
- ☐ Curriculum vitae (including recent trauma related professional development)
- ☐ Signed Declaration for Interim Approval for Counsellors
- ☐ Signed Statement of Fitness to provide Counselling as an Interim Counsellor (Ensure that either statement A or B is struck out and you sign this statement before a Justice of the Peace)
- ☐ Copy of drivers licence or passport (Ensure the copy is certified by a Justice of the Peace)
- ☐ Current Working with Children Check number
- ☐ Current National Police Check certificate (Ensure the copy is certified by a Justice of the Peace)

**NOTE:** 1. If any of the required documents or information listed above are missing, this may delay your application being processed.  
2. You may be required to provide additional information upon request of Victims Services.

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#### Part A: Client details

1. Name	Title <input type="text"/>	Surname <input type="text"/>
	First <input type="text"/>	Middle <input type="text"/>
2. Gender	<input type="text"/>	
3. Date of birth (dd/mm/yyyy)	<input type="text"/>	
4. Has the client lodged an application with Victims Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>applications can be downloaded from our website at: <a href="http://www.victimsservices.justice.nsw.gov.au">www.victimsservices.justice.nsw.gov.au</a></i>	
5. Does the client want assistance in completing the application?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>please provide contact number</i> <input type="text"/>	
6. What is your existing relationship with the client and what are your treatment goals around the act of violence?	<div><input type="text"/></div>	
7. Are you requesting approval for another client?	<input type="checkbox"/> No <input type="checkbox"/> Yes, <i>please submit a copy of this page for each client you are requesting approval for</i>	

#### Part B: Personal details

8. Name	Title <input type="text"/>	Surname <input type="text"/>
	First <input type="text"/>	Middle <input type="text"/>
9. Date of birth (dd/mm/yyyy)	<input type="text"/>	
10. Address	Postal <input type="text"/>	
	Suburb <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
	Practice <input type="text"/>	
	Suburb <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
11. Contacts	Phone/mobile <input type="text"/>	Email <input type="text"/>
	Phone number for clients to make appointments	<input type="text"/>

### Part C: Employment history

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### Part D: Educational details

Award type	Title of qualification	Award date
<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"/>

12. What relevant training/professional development have you undertaken in the last 12 months?

### Part E: Professional registration details

13. Profession

14. Registration body

15. Registration No.

16. Registration status

17. Registration date  (dd/mm/yyyy)

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

19. Practice endorsements

20. Working With Children Check No.

21. National Police Check No.

*Note: Please provide copies of the Working with Children Check and National Police Check*

22. Other registrations and memberships

### Part F: Supervision details

*Note: Regular individual clinical supervision is a mandatory requirement*

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

☐   ☐   ☐   ☐  

24. 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.*

## Part G: Referee details

Please provide a letter of reference with your application from your clinical supervisor who has known you for a minimum of 12 months and can comment on your credibility, professional experience and reputation

Your referee will need to testify:

- you have a minimum of 2 years experience post registration providing assessment, intervention and outcome plans for victims of crime;
- you have been counselling victims of crime during the last 2 years;
- what level of experience you have in trauma counselling and working with victims of crime;
- how long they have provided you with clinical supervision;
- they would recommend you to provide services to victims of crime; and
- if they aware of any complaints against you?

### Referee details

Title

Name

Occupation

Relationship

Contact No.

Email address

## Part H: Bank and GST/ABN details

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

### 1. Direct Credit Authority

Bank name

Branch

Account name (if different from counsellor's name)

Account No.

BSB

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

## 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 '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**

## Approved Counselling Service

### Application for Interim Counsellors (limited referrals)

#### Declaration for Interim Approval for Counsellors

Counsellors wishing to apply for Interim Approval under the Approved Counselling Service (ACS) established under Section 31 of the *Victims Rights and Support Act 2013* NSW should complete this form by ticking the relevant boxes and signing the form.

- ☐ I understand this approval is for 12 months and is limited to the client named in the application form
- ☐ I have been fully qualified and registered for a minimum of two years as a: *(Please tick one)*
- |  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> social worker   | <input type="checkbox"/> psychologist | <input type="checkbox"/> counsellor   |
| <input type="checkbox"/> psychotherapist | <input type="checkbox"/> psychiatrist | <input type="checkbox"/> psychologist |
- ☐ I have undertaken continuing relevant professional training.
- ☐ I understand that I need to undertake clinical supervision for the duration of my appointment.
- ☐ I understand that if I am subject to a complaint, Victims Services will enact their complaints handling procedures.
- ☐ *(For Social Workers, Psychologists, Counsellors and Psychotherapists)*  
If approved, I agree to accept the rate of \$120/hour (plus GST) as per the Generalist Counsellor rate.
- ☐ *(For Psychiatrists)*  
If approved, I agree to the set pay rate of \$256/hour (plus GST).
- ☐ I have read and agree to abide by the *Practice Standards for Generalist Counsellors* for practitioners providing counselling under the ACS.
- ☐ I have read and signed the *Statement of Fitness to Provide Counselling*.
- ☐ I carry current indemnity insurance to the amount of \$2,000,000. I agree to maintain indemnity insurance while I receive referrals from Victim Services and provide services to clients under the ACS. I agree to provide evidence of my insurance policies upon request by the Commissioner of Victims Rights.
- ☐ I have my own ABN number.
- ☐ I have attached a copy of my driver's licence.

#### Counsellor Declaration

I declare that I meet the above criteria for interim approval to provide counselling for the client to be referred by Victims Services.

*(Counsellor's signature)*

*(date signed – dd/mm/yyyy)*

## Notes on “Good Fame and Character”

Notes for completing the *Statement for Fitness for Provision of Counselling* in relation to the Approved Counselling Service established under Section 31 of the *Victims Rights and Support Act 2013*.

“Good fame and character” may be adversely affected by:

- any criminal convictions, including driving offences (exceptions include non-criminal traffic offences; parking offences; and juvenile offences);
- being named as a defendant in any court action for negligence or other malpractice as a healthcare professional;
- as a healthcare professional, being the subject of a complaint of a lack of good character, or
- professional misconduct;
- being suspended or expelled from a tertiary education institution; and/or
- having registration, certification or licensing as a healthcare provider suspended or refused.

**NOTE:** Please note that these notes are intended as a guide only and are not definitive of situations affecting “good fame and character”. If in doubt about a situation, please include details.

## Statement of Fitness to provide counselling as an Interim Counsellor

In accepting approval to provide counselling to victims of crime under the Approved Counselling Service established under Section 31 of the *Victims Rights and Support Act 2013*, applicants are asked to complete the *Statement of Fitness to Provide Counselling* as follows:

I,  (Interim Counsellor's name)

of  (Address)

in  (Name of State)

do solemnly declare and affirm that:

- 1** I am applying to provide counselling to victims of crime under the Approved Counselling Service established under s.31 of the *Victims Rights and Support Act 2013*.

**Please tick the box beside either 2a or 2b to indicate the option most applicable**

- ☐ **2a** With reference to the *Notes on Good Fame and Character* (attached), I have not done or suffered anything likely to adversely affect my good fame and character nor am I aware of any circumstance which might affect my fitness to be an Authorised Counsellor, nor am I currently or have been in the past, the subject of a complaint of lack of good character, professional misconduct, or any other matter.

**OR**

- ☐ **2b** I wish to bring to the notice of The Commissioner of Victims Rights the facts and circumstances stated in the document signed and attached by me and I accept the decision of the Commissioner of Victims Rights to approve or decline my fitness to provide counselling resulting from consideration of this document.

- 3** I have read and understood, and agree to abide by, the *Operating Guidelines for Approved Counsellors*.

- 4** If the basis on which I make this declaration should alter, I undertake to inform the Commissioner.

Declared at   
(State)

Before me   
(Name of Justice of the Peace or Solicitor)

(Applicant's signature)

(date signed – dd/mm/yyyy)