

## ***Overseas Counsellor Application Form***

New Zealand Victim Support administers funding to victims/survivors of serious crime on behalf of the New Zealand Ministry of Justice. This funding, in some instances, pays for counselling. To ensure we have appropriate and professional counsellors in place to provide this service we ask that you read and complete the documentation below.

Return the completed documentation to:

Email: [counselling@victimsupport.org.nz](mailto:counselling@victimsupport.org.nz) or

Post: VAS Administrator  
NZ Victim Support  
PO Box 3017  
Wellington 6140  
New Zealand

### **Criteria for becoming a registered counsellor with New Zealand Victim Support**

- Registration with a suitably recognised professional body.
- Experience in in trauma and/or grief counselling
- Receiving regular clinical supervision from a qualified supervisor who holds a current practising certificate with a relevant professional association.

## *Counsellor Information*

<b>Full Name</b>	
<b>Postal Address</b>	
<b>Consulting Address</b> <i>(If different from above)</i>	
<b>Phone</b>	
<b>Email</b>	
<b>Name of the professional body registered with.</b> <i>(Please provide a copy of a current certification of registration)</i>	
<b>Relevant qualifications</b> <i>(Please provide copies)</i>	
<b>Availability</b> <i>(Weekdays/Weekends/Hours/Audio Visual Link-AVL)</i>	
<b>The fee charged per session</b> <i>(We have a maximum limit per session we will pay. We will advise you if your fee exceeds that.)</i>	\$

## *Terms and conditions*

### **I agree that in submitting this application:**

- I have provided all the information and material asked for and that New Zealand Victim Support may check my membership with the relevant professional body.

### **If approved as a New Zealand Victim Support counsellor:**

- I will continue to belong to a professional body for as long as I provide counselling to a client referred by New Zealand Victim Support.
- I will only charge New Zealand Victim Support the agreed fee and will not make any additional charges to the client unless agreement has been made between all parties prior to commencement of counselling.
- I will not exceed the approved number of sessions.
- I understand I will not be paid for any sessions that are not approved by New Zealand Victim Support.
- I will be willing to liaise with New Zealand Victim Support employees on matters related to the administration of the Victim Financial Assistance Scheme.
- I understand that my details will be held on file by New Zealand Victim Support and may be provided to the New Zealand's Ministry of Justice as part of compliance reporting.

Name:

Signed:

Date:

***We will advise you once your application has been processed and when counselling funding has been approved.***