

Full Membership Application Guide

Overview

This guide has been created to assist you with the online Full Membership Application form. Its purpose is to give you the application questions and to give you and your supervisor some IT support to complete each section. It is not intended to give you clarification on the questions.

Questions and wording may differ slightly in the actual application as questions and section layout may change over time.

Before you start

All applications must be completed online. Applications submitted using this Guide or copied and pasted into a document will not be accepted.

Before you start, we encourage you to:

1. **have a quick read through this guide to give you an overview of what is required**
e.g. external supervisor's need to be approved by NZCCA before you can select them – see the 'Interview and Counselling Supervision' section below.
2. **read the [Information for Provisional and Full Applicants](#) and the ['Application FAQs'](#) webpages**

Reading this information will help you understand our requirements and hopefully answer any questions that may arise as you complete the application.

Starting an application

You will need to have an NZCCA website login to access the Full Membership Application form. You do not need to be a current member of NZCCA to create a login.

Tip: Current NZCCA Provisional Members wishing to become Full Members will need to complete the [Upgrade from NZCCA Provisional to Full Membership Application](#) form.

Tip: NZCCA Affiliates, Student Affiliates, and approved supervisors of NZCCA members already have a login. Please see 'Already have a login' below.

Don't have a login?

To create a website login:

1. Go to <https://www.nzcca.org.nz/sign-up/> . Enter your name and email address and register.
2. Go to the NZCCA website Menu → Members Login → 'I've forgotten my password'
3. Enter your email address. An email will be sent to you with a link to reset your password

4. Go to your email and click on the email from noreply@nzcca.org.nz (this may be in your junk/spam folder)
5. Click on the password reset link within the email
6. Enter a password / Confirm password / Set Password
7. You will be redirected to the Profile page as below. If not, click on your initials (in the circle in the top right of the screen) and select 'View profile'.



Already have a login?

If you have been an NZCCA Affiliate, Student Affiliate, approved supervisor since September 2019 then you should already have a login.

1. Login to the NZCCA Website using your email address and password.
2. If you have never logged in, or have forgotten your password, follow steps 2 to 7 above.

Once logged into the NZCCA Website go to the green NZCCA logo (as in the above screenshot) → Scroll down the menu to Membership → Application Forms → Full Membership Application (this will only show if you are logged in).

The Full Application comprises of the following sections:

- Personal Details
- Qualifications
- Counselling Hours
- Christian Faith
- Continuing Professional Development (CPD)
- Counsellor Clinical Experience
- Personal Development and Awareness
- Ethical Practice
- Bi-Cultural and Treaty of Waitangi – Training and Awareness
- Professional Associations
- Interview and Counselling Supervision
 - (also a Supervision Form for your supervisor(s) to complete)
- Criminal History and Police Vetting Consent
- Declaration

As you will see there is a lot of information that we require for your application. We suggest that you complete this application over several weeks by completing one section at a time. You can enter the information in any order, so long as you **save** after entering the information in each section. You can then come back to your applications at a later date to add more information.

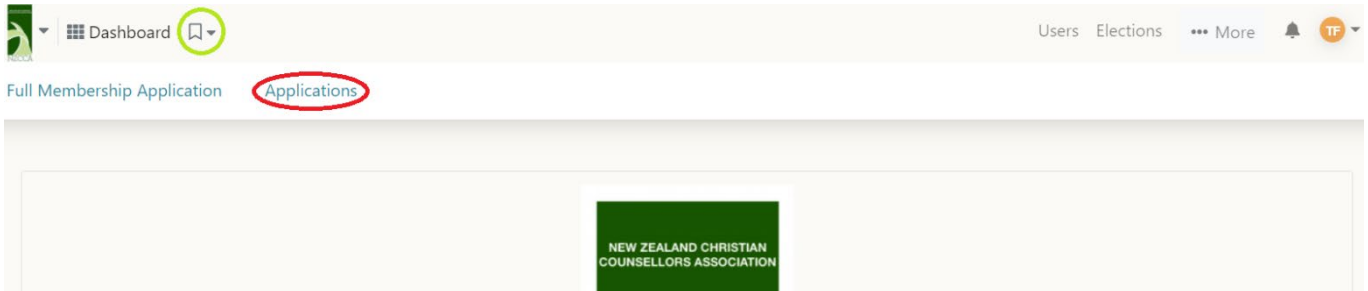
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Returning to your application

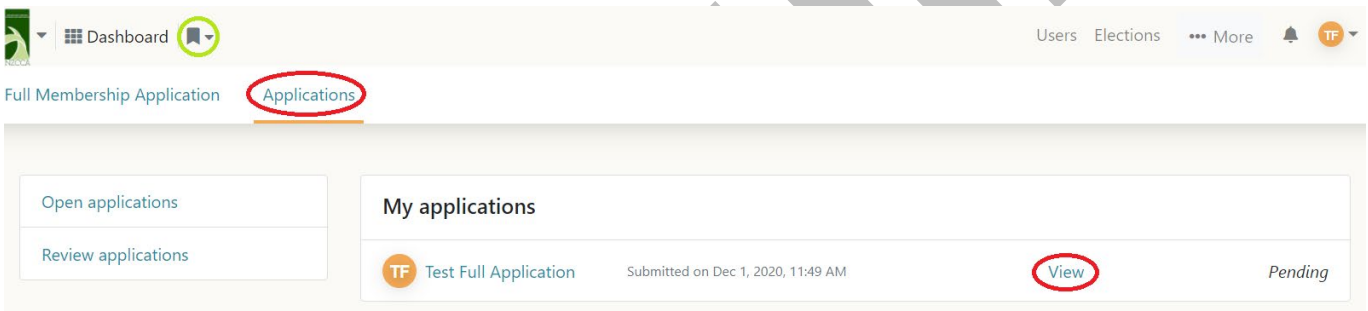
These instructions are important so you can re-access your started application.

To return to your application, log into the NZCCA Website and go to:

Menu → Membership → Application Forms → Full Membership Application → Applications (as indicated by the red circle in the screenshot below).



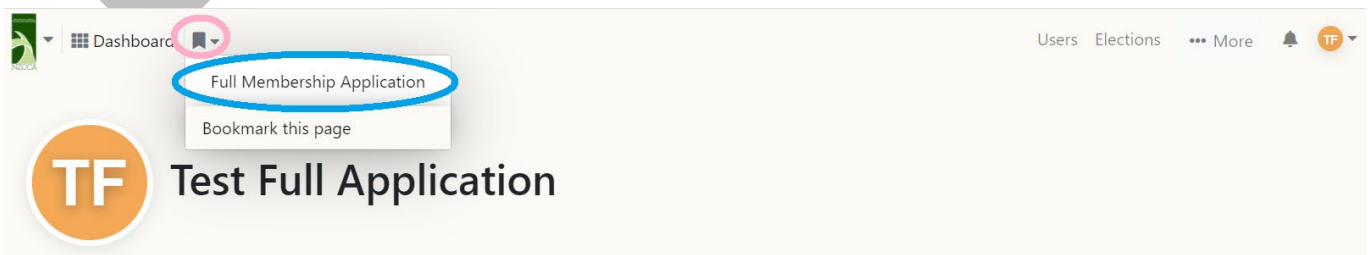
Click 'View' as indicated by the red circle below.



Alternatively, for quicker access to your application you can set a Bookmark (as indicated by the green circle in above screenshot) that will take you straight to your application. Simply View your open application and then click on the Bookmarks button → Bookmark this page → Bookmark Page.

In future you can just click on the Bookmarks button, select Full Membership Application to go straight to your open application.

Your application will show on screen.



PERSONAL DETAILS

Tip: Updating your personal details in the application will override what is currently stored on your profile. Some of this information will pull through the information from your profile e.g., your name.

First Name
Surname
Preferred Name

Address Postal

i.e. where you want mail posted to.

Street 1 (E.g. Company Name, Attn)
Street 2 (your street address)
Street 3 (for your Rural Delivery address – if required)
Suburb
Town/City
State Region
Post Code
Country

Address Physical

i.e. your actual home address.

Street 1 (E.g. Company Name, Attn)
Street 2 (your street address)
Street 3 (for Rural Delivery Address - if required)
Suburb
Town/City
State Region
Post Code
Country

Date of Birth
Gender
Place of Birth
Primary Phone
Secondary Phone
Mobile
Email (this will also be your login email address for the NZCCA website)
Ethnicity (select from drop down box. You can select more than one)
Iwi
Languages Spoken

Application Fee:

Upon submission of this application you will automatically receive an application fee invoice for \$90 via email.

The application fee must be paid before your application will be processed.

There are 2 options for payment:

Information for both payment methods are on the invoice.

- by internet banking (preferred option)
NZCCA Account No: 12 3012 0806750 00
Write your FULL NAME in the reference code and APPLICATION in particulars.
- Debit Card (e.g. visa debit card) or Credit Card (via our website). Additional fee charges will be added +2.9% + \$0.30 per transaction.

Please consult our:

- [NZCCA Rules of the Association](#)
- [NZCCA Code of Ethics and Practice](#)
- ["Who We Are" Statement](#)
- [Supervision Requirements](#)
- [CPD Requirements](#)
- [Application FAQs](#)
- [Help?](#) and [Information for Provisional and Full Applicants](#) webpages for helpful guides and videos to assist you in completing this application.

Save

QUALIFICATIONS

Please list below the formal tertiary counselling qualifications you have attained or are in the process of attaining.

PLEASE NOTE: **ALL** documents must be verified by one of the following:

- a Justice of the Peace,
- an Officer of the Court (this includes a Solicitor), or
- a Minister of Religion

NB: When assessing your application NZCCA may contact education providers if clarification or further information about your qualification is needed to process your application.

Qualification One: (Same for Qualifications Two & Three)

Qualification Title:

Training Facility:

Location:

Date Completed:

For this qualification please upload in PDF format (**strictly no photos**):

- A transcript of your academic record(s) which includes the names of papers and your results: (Upload file)
- A copy of your qualification certificate: (Upload file)
- A letter from your training institute verifying the number of practicum hours you have completed (if applicable): (Upload file)
- Please upload your NZQA report here (only required if your Counselling related Qualification(s) was not gained by an NZQA approved Training Institution in New Zealand, or was gained from an overseas training institution): (Upload file)

Tip: Please ensure the required documents are added as either PDF or Word documents as uploading picture files, e.g. jpg, png, bmp file types, affects the printing of your application.

COUNSELLING HOURS

Number of face to face counselling hours completed during training (i.e. practicum hours):

Total number of face to face counselling hours completed since training:

Total number of group facilitation hours completed since training:

Total number of counselling hours completed (training and post training), MUST be more than 400 hours:

Total number of face to face counselling hours completed in the last 12 months:

Tip

All of the counselling hours done before you completed and passed your final paper for your counselling qualification are considered 'counselling hours completed during training'.

For example, if you completed your 200 practicum hours in July, then did a further 50 hours between July and passing your last paper in November, then we consider this as 250 counselling hours completed during training.

Hours completed after you passed your final paper can be included as 'counselling hours completed since training'.

For example, if you completed 205 hours when your last paper was passed and then did 290 hours before submitting your application, then the 290 hours would be entered as 'counselling hours completed since training'.

CHRISTIAN FAITH

Describe your relationship with God. How does it impact your daily life and influence your counselling practice? (100 to 200 words.)

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CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Refer to our [CPD Requirements](#) webpage for our CPD requirements.

Please also give details of additional clinical counselling related courses/seminars/workshops (other than those included in your attached transcript) which you have taken. Church conferences, prayer ministry training, supervision sessions are not considered clinical professional development. To enter this information:

1. Go to your [profile](#) and click the CPD tab.
2. Click the 'Add a new CPD period record' if you don't already have one to start - then click create CPD.
3. Select the CPD period and use the 'Add a new entry to this CPD' button for each CPD item.
4. Please DO NOT submit your CPD as these need to be kept open if your Full Membership is approved.

Please note that applicants must show that their CPD aligns with the annual review requirements for members which is 40 hours or more per year.



Save

Tip – Study Hours

If you completed any counselling related Tertiary studies in the current CPD period, the study hours can be counted towards the 40 hour requirement (usually these studies alone far exceeds this requirement).

You only need to create 1 entry for each qualification (rather than an entry per paper). E.g. Diploma of Alcohol and Drug Abuse. Hours = XXX hours (total done during the training for this CPD period). Category = Formal/Clinical – person-to-person courses, workshops, seminars, conferences, and Tertiary training. Reflections are compulsory, we only need 1 or 2 sentences on what you gained from each training.

Tip – CPD Troubleshooting

If your CPD activities are not saving when you enter them it will be due to:

1. Hours – this field is a calculator field, so please only enter numbers and decimal e.g. 6.5 rather than 6.5 hours, 6 rather than 6 hrs etc.
2. Date Completed – the format for Windows users is dd/mm/yyyy. Apple Safari browser users may need to enter using the format as yyyy-mm-dd e.g. 2020-02-28 for 28 Feb 2020.

Please contact the NZCCA Administrator if you still experience issues.

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COUNSELLOR CLINICAL EXPERIENCE

Please indicate which category your experience is in:

(Please check all that apply.)

- Pre-Training
- During training (e.g. Placement/Internship)
- Post Training
- Full Time
- Part Time

Please give details of your clinical counselling experience for each position you have held, starting with the most recent, as follows:

Setting (agency, church etc)

Position held

Dates (duration)

Client type

Average client hours per week

Name of clinical supervisor

Position 1 (blank text box)

Position 2 (blank text box)

Position 3 (blank text box)

Other Positions (blank text box)

Save

PERSONAL DEVELOPMENT AND AWARENESS

1. Please give details of personal development undertaken prior to, or during, your counselling training. This may include:

- Personal counselling, spiritual direction or life coaching
- Personal development courses and workshops (please include a brief description)

Type or copy and paste your response here (blank text box)

2. Describe how this personal development has affected your practice as a counsellor. This description should demonstrate insight and self-reflection, with a level of personal disclosure and awareness. (300-500 words.)

Type or copy and paste your response here (blank text box)

Save

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ETHICAL PRACTICE

[Read the NZCCA Code of Ethics and Practice here](#)

Describe 4 practices or issues you attend to, or are vigilant about, to ensure you practise in an ethical manner. **Please include references to the relevant sections of the [NZCCA Code of Ethics and Practice](#).** (300-500 words)

Type or copy and paste your response here (blank text box)

Tip: A common oversight with applications is that the applicant has not referred to our Code of Ethics. Please ensure you refer to the code throughout this question.

Describe an ethical dilemma (simple or complex) and how you dealt with it. (300-500 words).

1. Describe the ethical dilemma: an ethical dilemma can be seen as a conflict between two equally held values.
2. Identify the conflicting values (e.g. client confidentiality vs client safety)
3. Detail the steps taken to resolve the dilemma
4. What did you learn from this personally and/or professionally?

Type or copy and paste your response here (blank text box)

Save

BI-CULTURAL AND TREATY OF WAITANGI - TRAINING AND AWARENESS

NOTE: For Full membership, every applicant must have completed Bi-Cultural/Treaty of Waitangi training in a course that offers at least **30 hours** of training/experience. A Marae visit should be included; an overnight stay is not essential. Membership cannot be considered until this training has been undertaken.

Please list the following (including dates):

- Name of organisation where your experience or training was gained (minimum of 30 hours). This could include, in part, cultural supervision.
- A list of courses attended including the material covered.
- A list of your experiences, including a compulsory marae visit or stay.

Type or copy and paste your response here (blank text box)

Write a personal response to how your understanding and knowledge of the Treaty of Waitangi and Tikanga Maori influence your counselling practice. (300-500 words)

Type or copy and paste your response here (blank text box)

Save

PROFESSIONAL ASSOCIATIONS

1. What are you hoping to gain from being an NZCCA member? (about 100 words) (blank text box)
2. Are you able to offer to NZCCA specific skills, expertise or time? (this could be locally, regionally or nationally) (blank text box)
3. Are you currently, or have you previously been, a member of any other professional body in New Zealand or overseas representing counselling, psychotherapy or other relevant health or social service field (e.g. social work)? This may include past membership of NZCCA.
 - Yes - go to question 4
 - No - go to question 6

4. Please list the names of all relevant professional associations of which you have previously been or are now a member. In each case:
 - a) State the name of the professional body
 - b) State the years in which you were a member
 - c) Give your level(s) of membership
 - d) Upload your membership certificate (if current)
 - e) If you are transferring from membership of NZAC, please upload a copy of your Professional Development plan, record and reflections for the previous 12 months.

List of associations, years and level (blank text box)

Membership certificate (upload file)

Membership certificate 2 (if applicable, upload file)

NZAC Professional development plan, record and reflections (if required, upload file)

5. Upload a letter(s) from any professional association(s) for which you are a past or current member confirming that you have not been, and are not currently, subject to any concerns or complaints about your practice. (upload file)
6. Do you have any current outstanding professional complaints, or professional complaints which have been lodged against you in the past, that were upheld in New Zealand or another country?
 - Yes - Provide details below
 - No - Go to question 7.

Provide details of complaints here (blank text box)

7. Have you previously been refused membership of NZCCA, or another professional association, either in New Zealand or overseas?
 - Yes – Provide details below
 - No – go to question 8

Details of membership refusal (blank text box)

8. Would you like to make any further comments regarding your application? (blank text box)

Save

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INTERVIEW AND COUNSELLING SUPERVISION

INTERVIEW

Please note that you will be required to attend an interview as part of the Full Membership application process. Once approved to attend the interview, you will be charged \$320 including GST to defray Association expenses incurred.

SUPERVISION

For more information on our supervision requirements, please see our [Supervision Requirements](#) webpage.

Please note you **MUST** discuss your completed Application with your external Supervisor(s) for verification. Your supervisor(s) must complete the supervisor report. **Supervisors will need to create/have their own log-in on the NZCCA website so that they can complete this part of the application.**

Your Supervisor(s) must be a Full member of a relevant professional organisation e.g. NZCCA, NZAC, NZAP, DAPAANZ or equivalent and have Supervision training (exceptions may be considered on a case by case basis).

The Supervisor's report must cover a minimum period of six months immediately prior to this application. The supervision must be with the same supervisor. The number of supervision sessions must be aligned with our requirements:

- **Full Membership** - one hour of individual supervision for every 40 hours of practice, or monthly, whichever comes first.

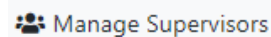
When coming from Provisional Membership of any organisation to Full Membership with NZCCA, our requirements are one hour of individual supervision for every 20 hours of practice, or monthly, whichever comes first.

If you are seeing, or have seen, more than one external Supervisor in the past 12 months, please include a report from each Supervisor.

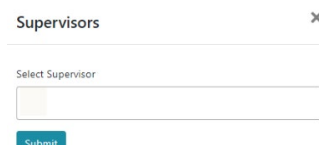
NOTE: When considering this application NZCCA may contact your Supervisor(s) to discuss your application

Adding your Supervisor:

At the bottom of this page there is a "Manage Supervisors" button.

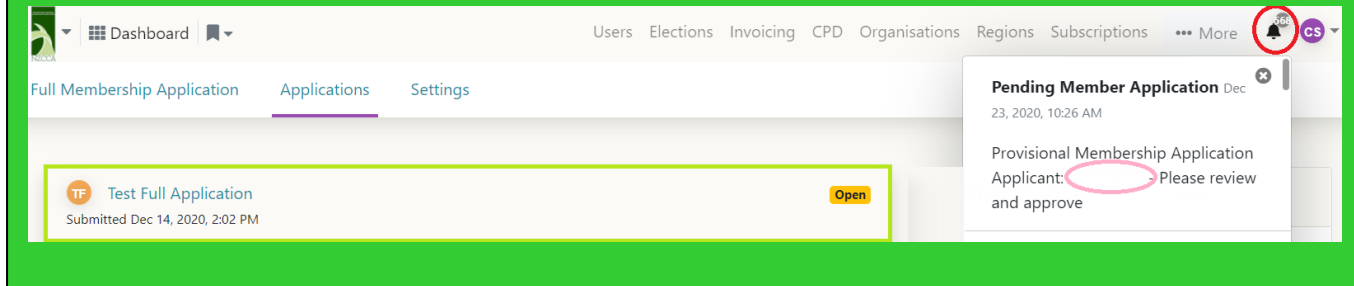


Click this and start typing the name of your supervisor. If they are already in the system as a supervisor their name will appear. Select their name and click submit.

A form titled "Supervisors" with a close button (x). It contains a text input field labeled "Select Supervisor" and a "Submit" button below it.

If your supervisor is not on the list they will need to login or [Create a login](#) to the NZCCA website and then complete the [Supervisor Application Form](#).

Tip: Once you have selected your supervisor, they will receive an email notification and a notification will appear under the notifications bell of their login (red circle in screen shot). They will need to click on the notification bell and the notification with your name (pink circle) to view your application (green square) and complete the Supervisor Form. Please refer to the Supervisor Form section below.



Save

CRIMINAL HISTORY AND POLICE VETTING CONSENT

Do you have any criminal convictions, under investigation, or aware of any charges pending in New Zealand or in any other country other than minor traffic infringements?

- Yes - provide details below
- No

Please provide a detailed statement outlining your conviction or charges: (blank text box)

Proof of Identity

PLEASE NOTE: ALL documents must be verified by one of the following:

- a Justice of the Peace,
- an Officer of the Court (this includes a Solicitor), or
- a Minister of Religion

Please attach verified copies for two of the following (one of which MUST be a photo ID):

Please do not upload picture files e.g. jpg, bmp, png etc.)

- your birth certificate (upload box)
- your marriage certificate (if your name has changed due to marriage) (upload box)
- Documents(s) supporting any additional changes of name (upload box)
- your driver's licence or passport (if you have neither of these then please use another official photo identification) (upload box)

Please complete Sections 2 and 3 of the [New Zealand Police, Vetting Service Request and Consent Form](#) and upload the completed form. Please note that page 1 of the Police Vetting and Consent form has been completed for you.

Upload completed Police Vetting and Consent form (upload box)

Save

DECLARATION

- [NZCCA Code of Ethics and Practice](#)
- [NZCCA Rules of the Association](#)
- ['Who We Are' Statement](#)
- [Supervision Requirements](#)
- [CPD Requirements](#)

I certify that I have:

Read and agree to abide by:

- NZCCA Code of Ethics and Practice.
- NZCCA Rules of the Association.
- 'Who We Are' Statement.
- Supervision & CPD Requirements.

I also certify that I:

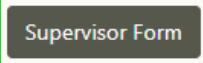
- Identify as Christian i.e. someone who knows, loves and serves Jesus.
- Have uploaded all of the necessary documents.
- Will pay the application fee on submission of this form.
- Understand that an interview will be required for Full Membership. The interview fee is an additional \$320 (inc GST) and any travel costs to the interview venue will be borne by me. (Interviews are held in most main cities).
- Understand that satisfactory completion of an Annual Practice Review and appropriate supervision hours are part of the criteria for ongoing membership.
- Understand that Full members require one hour of individual supervision for every 40 client hours with a minimum of one hour per month.
- Understand that my record of Continuing Professional Development needs to align with our CPD Requirements.
- Have discussed this application with my supervisor(s) who has completed the Supervisor's Report. Including:
 1. Any previous criminal convictions, or any charges pending that I have, other than minor traffic infringements.
 2. Any complaint(s) / concern(s) raised by any other professional bodies.
 3. Any complaint(s) / concern(s) raised with current or former employer(s).
- In submitting this, I declare that I have disclosed all relevant information and that the information provided in this application is true and correct. I give consent for NZCCA to contact my training institution(s), my current supervisor(s) or any previous supervisor(s), and any person or organisation named in this application, about any matter relevant to my application.

If you do not disclose all information, or you are dishonest in the information given, your application may be declined.

Save

SUPERVISOR FORM

Tip: The Supervisor Form only shows under your supervisor's login. Your application will show under **their** notifications. Your supervisor will need to click on the 'view' button within the notification to view the application. Your supervisor will need to review all of the application sections and then complete

the Supervision form by clicking on this button  which appears to the right of the application sections.

Supervisor's Personal Details

(most of this information will pull through from the supervisor's profile)

First Name

Surname

Address Postal

Line 1 (E.g. Company Name, Attn)

Line 2 (your street address)

Line 3 (for your Rural Delivery address – if required)

Line 4 (suburb)

Line 5 (town/city)

Line 6 (region)

Post Code

Country

Primary Phone

Mobile

Email (this will be the supervisor's login email address)

You may be contacted as part of the application process - please state how you would prefer to be contacted (landline, mobile or email). Are there any days / times which are preferable / not suitable?

Supervision Details

Type of Supervision: Individual / Group / Cultural

Date Supervision commenced

Date of last supervision session

Total number of sessions with the applicant

Length of each session

How often does supervision take place? (approx)

In the last 12 months how much supervision has been (number of hours):

- Counsellor talking about clients:
- Listening to counsellor/client audiotape:
- Viewing counsellor/client videotape:

- Direct observation:
- Personal issues:
- Online (if so, please give rationale)
- Other (please specify):
- **Total:**

Please note that at least ONE counsellor/client audiotape or videotape is required to have been shared during supervision in the past 12 months.

- Please tick here to confirm the applicant has shared an audio or videotape of a session with you

Assessment

Indicate your assessment of the applicant by entering a number using the drop-down menu (using the 0 – 5 scale options)

- 5 = excellent
- 4 = good
- 3 = adequate
- 2 = inadequate
- 1 = poor
- 0 = insufficient information to make an assessment

- Ability to establish, maintain and close empathic relationships with clients
- Demonstration of core counselling skills (e.g. listening skills, assessment skills)
- Awareness of boundary issues
- Awareness of transference/ counter transference
- Understanding of cultural issues
- Appreciation of ethical principles

What do you consider to be the strengths of this applicant? (blank text box)

What do you consider to be the growing edges of this applicant? (blank text box)

List the counselling models the applicant uses in their counselling practice. (blank text box)

Comment on the type of issues that this applicant would be competent to work with at this stage of their practice. (blank text box)

Comment on this applicant's suitability for membership of NZCCA at Full Membership level. (blank text box)

Declaration

I have read the applicant's reflections and discussed their suitability for Full Membership and I certify, to the best of my knowledge the applicant has:

- Completed at least 200 supervision hours of face to face counselling since graduation as a counsellor

- Attended supervision regularly (one hour of individual supervision for every 40 client hours with a minimum of one hour per month)
- Committed to continuing professional development (CPD)
- No previous criminal convictions, or any charges pending, other than minor traffic infringements
- No complaint(s)/ concern(s) raised by any professional body
- No complaint(s)/ concern(s) raised with current or former employers
- I declare that I have read the completed Application Form for this applicant.

**NZCCA appreciates the time taken to complete this report.
Remember to click the SUBMIT button to complete this form.**

Please note a message will not appear to say this form has been submitted. If the form does not submit please scroll up to the missed questions.

You can check with the NZCCA Administrator by emailing info@nzcca.org.nz

Submit