

NSW Child Sex Offender Counsellor Accreditation Scheme Application form

Accredited Associates upgrading to Clinical Accreditation

Personal Details	
Full Name:	
Previous or other names:	
Gender:	
Date of Birth:	
Postal address:	
Email address:	
Phone number (w):	
Phone number (m):	
Fax number (f):	

Client group – please tick	
Children and young people aged 10 to 17 who sexually offend, and/or	<input type="checkbox"/>
Adults who sexually offend against children.....	<input type="checkbox"/>

1. Currency of Practice				
Current employment/ employer	Position	Client Ages	Hours per month – child sex offending clients	Office use only Requirements met yes/no

2. Supervision that is directly related to your work with people who sexually abuse against children: Please list / tick			Office use only Requirements met yes/no
The nominated supervisor must either be an accredited counsellor or one who could become accredited if they wished.			
Total annual hours of supervision			
Extent and history of work experience with client group			
Is a signed copy of your current signed supervision contract attached?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	

3. Education and Training (specific to working with people who sexually abuse children) – demonstrate at least 50 hours				Office use only Requirements met yes/no
Required Expertise - at least seven hours in:	Relevant course / training	Date(s) undertaken	Hours of training	
• Core training in sexual assault - victim issues				
• Aetiology/developmental				

issues of sex offending behaviour				
• Assessment of clients who sexually offend against children				
• Treatment of clients who sexually offend against children				
• Legal issues relating to sexual offending and practise in client management				
• Treatment outcomes and issues related to recidivism and program evaluation				
• Accreditation specialty (working with children aged 10-17 or working with adults).				
• Other relevant training				

Detailed training and reading log is attached Yes No
Attendance certificates are attached Yes No

4. Professional Experience – at least 1000 hours of counselling or assessments with with child sex offenders				Office use only Requirements met yes/no
Practice and Location	Dates Start/ Finish		Hours	
Total hours of clinical assessment and treatment services with sex offender clients				

5. Extended Supervision The nominated supervisor must either be an accredited counsellor or one who could become accredited if they wished.	Please tick	Office use only Requirements met yes/no
I have received 100 hours of face-to-face supervision – records are attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
No more than 50 of these hours were in a group setting – records are attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For Accreditation at Clinical Level, check you have met all these requirements, and sign the Applicant’s Undertaking.

Checklist: attachments required with applications for Associate Level Accreditation:

- Verified copy of qualifications
- Signed copy of current supervision contact
- Evidence of training attended
- Evidence of 1000 hours of relevant clinical practice
- Evidence of 100 hours of supervision

Applicant’s undertaking

I declare that all information in this application is accurate. I understand that any statement or information found to be misleading may result in the rejection of this application.

Applicant’s signature

Date

Send your Application for Accreditation and supporting to:
NSW Child Sex Offender Counsellors Accreditation Scheme
NSW Commission for Children and Young People
Level 2, 407 Elizabeth Street
Surry Hills NSW 2010

<p>Office Use Only</p> <p>Panel Approval Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p> <p>.....</p> <p>.....</p> <p>Panel Member’s Signature _____</p> <p>Panel Member’s Signature _____</p> <p>Panel Member’s Signature _____</p>
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