

**NSW Child Sex Offender Counsellor Accreditation Scheme  
Application form**

**Renewal of Accreditation**

**If you are renewing your existing level of accreditation with no change to client group, use this form; if you are extending from one level of accreditation to a higher level use the New Applications form and follow instructions about what information is required.**

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 The nominated supervisor must either be an accredited counsellor or one who could become accredited if they wished.		Office use only Requirements met yes/no
Total annual hours of supervision		
Extent and history of work experience with client group		
Attached copy of your current signed supervision contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Continued training and education (relevant to working with people who sexually offend against children) – at least 21 hours over two years					Office use only Requirements met yes/no
Subject	Program / course title	Who delivered training	Date	No. of Hours	

Course attendance certificates and / or reading logs are attached (please tick): Yes  No

**Checklist: attachments required with applications for renewal of the same level of accreditation:**

- Signed copy of current supervision contact
- Evidence of training undertaken

**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><b>Office Use Only</b></p> <p>Panel Approval Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Comments:</b> .....</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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