

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

Supervisor Level Accreditation

Counsellors who have been accredited at Clinical Level for three years may apply for accreditation at Supervisor Level.

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

1. Continued 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		
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: Yes No

4. Current supervision of others	Papers attached
Please supply an additional reference that attests you are currently supervising practitioners who work with either adults or children and young people who sexually abuse children.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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