

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

**All New Applicants to complete this section**  
**If you are already accredited at Associate level, use the**  
**“upgrading to Clinical level form” to apply for accreditation at**  
**Clinical 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	
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. Qualifications – list graduate and post graduate qualifications and attach original or verified copies of academic record(s)				
Qualification	Institution	Major area of study	Year of graduation	Office use only Requirements met yes/no

Professional Registration Board	Registration Number	Date of issue	Date of expiry	Office use only Requirements met yes/no

3. Standards	Please tick	Office use only Requirements met yes/no
I have read and agree to uphold the ANZASTA (Australian and New Zealand Association for the Treatment of Sexual Abusers) Code of Conduct and Ethics.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. Character – demonstrate relevant experience	Please tick	Office use only Requirements met yes/no
National Criminal History Records Check less than 12 months old is attached.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Three recent references from appropriately qualified professionals who are able to attest to the quality of my character and my relevant experience working with people who sexually abuse children are attached. Details below	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Name</b>	<b>Relationship to applicant</b>	<b>Contact number</b>

5. 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"/>	

**For Accreditation at Associate 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
- Copy of National Criminal History Records Check
- Signed copy of current supervision contract
- Three written references

**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>                  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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**Applicants for Clinical level accreditation, continue to complete this form.**

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

7. 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
<b>Total hours of clinical assessment and treatment services with sex offender clients</b>			

8. 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
- Copy of National Criminal History Records Check
- Signed copy of current supervision contact
- Three written references
- 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

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