

Application for accreditation as a surrogacy counsellor

Applicant details

Family name	<input type="text"/>				
Given names	<input type="text"/>				
Address	<input type="text"/>				
Town/City	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Email address	<input type="text"/>		

I have read the Surrogacy Act and understand the requirements to be fulfilled in relation to counselling

Please tick

Requirements

Applicants must meet one of the following requirements:

1. Registration with the Psychology Registration Board, or
2. Level 2 Membership of the Australian Counselling Association, or
3. Registrant with the Psychotherapy and Counselling Federation of Australia

Please provide details of any relevant registrations or memberships (note evidence of membership must be provided)

Professional association	Membership Level	Year joined
<input type="text"/>		

Current employment including mail and phone contacts details

<input type="text"/>					
Address	<input type="text"/>				
City/Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Email address	<input type="text"/>		

Will your counselling in relation to surrogacy occur through this employment?

Yes No

If no, please provide details of where you will be providing surrogacy counselling

Address

City/Town

State

Postcode

Phone

I agree to my name and business contacts being given to potential clients or other professionals

Yes No

Acknowledgement

I understand and acknowledge that:

1. The information provided in this application is true and complete to the best of my knowledge
2. The Department of Justice receiving this information may refuse this application if it becomes evident that information or any supporting documentation provided is incomplete or false
3. I approve the information that has been provided

Full name of person completing this application

Signature of person completing this application

Date

Lodgment

Mail

Surrogacy Counsellor Applications
Department of Justice
Births, Deaths and Marriages
30 Gordons Hill Road
Rosny Park TAS 7000

Electronic

bdm@justice.tas.gov.au

Note: processing of applications usually takes 4-6 weeks. You will receive written advice as to the success of your application.

Supporting Documents

Supporting documents should be submitted with your form. If lodging your form via email all documents should be in a PDF format.

Checklist

Before you post this application have you:

Completed all questions on the form? (tick box)

Attached evidence of your current membership of professional associations? (tick box)