



Department of Justice

*Child Abuse Royal Commission
Response Unit*

Application for Registration

**As an approved Counsellor for Counselling
and Psychological Care (CPC) Services under
the National Redress Scheme for Institutional
Child Sexual Abuse**

October 2019

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Enquiries

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Document Purpose

This application is to be used for registration as an approved counsellor in the Department of Justice's Approved Counselling Referral Scheme. This scheme applies to counsellors wishing to be registered for counselling for eligible victims of child sexual abuse under the National Redress Scheme for Institutional Child Sexual Abuse. Therefore, there are minimum requirements you must meet to be eligible to be registered as an Approved Counselling Service Provider.

The National Redress Scheme for Institutional Child Sexual Abuse provides acknowledgement and support to people who experienced institutional child sexual abuse through access to counselling services, the opportunity for a direct personal response from the institution responsible for the abuse and a monetary payment.

It was created in response to the Royal Commission into Institutional Responses to Child Sexual Abuse, which estimated that 60,000 people experienced institutional child sexual abuse in Australia.

The Scheme started on 1 July 2018 and will run for 10 years.

The purpose of this document is to obtain sufficient information required to assess applicants for registration in the Approved Counselling Referral Scheme to determine whether services/applicants meet the *National Service Standards for the Provision of State and/or Territory Based Counselling and Psychological Care*.

Approved applicants will be required to sign the *Approved Service Providers deed - National Redress Scheme Counselling and Psychological Services*.

The application document is compiled with text boxes to allow for electronic submission or, alternatively the application document can be printed and information entered manually.

An applicant may submit supplementary information, but such information must directly address the criteria for registration.

Should additional information be required for assessment purposes, a request will be made directly to the applicant.

The completed application for registration can be submitted by email at CPC@justice.tas.gov.au.

The Department of Justice will acknowledge receipt of all applications by email. If you do not receive email confirmation of receipt within four business days, it is recommended that you contact the Department to confirm receipt.

Any enquiries relating to this application form, or the registration process, should be directed to the Assistant Director – Client Liaison, Child Abuse Royal Commission Response Unit, Department of Justice.

Approval process

Applicants must provide the following:

- Details and evidence of currency of all qualifications and accreditation (along with details of Medicare Australia registration if applicable) from the following:
 - Psychologist;
 - Social worker;
 - Occupational therapist;
 - Medical Practitioner; or
 - Other providers with qualifications and appropriate skills working with trauma associated with child sexual abuse.
- Organisations must provide details and evidence of the above for each of the individuals seeking registration.
- Details of locations of a practice address, business hours and/or locations at which the Applicant is reasonably able to provide Counselling and Psychological Services.

All providers are required to ensure that these details and evidence of accreditation/staff qualifications/training are kept up to date with the Department as details change.



Where a service provider seeking registration is an organisation and that organisation is a “responsible institution” for the purposes of the *National Redress Scheme for Institutional Child Sexual Abuse Act 2018* or a related entity of a “responsible institution” that service provider will not be eligible for registration to provide CPC services to Tasmanian survivors.

Applicants or individual service providers engaged by Applicants must:

- Demonstrate an ability to provide counselling to adult victims of child sexual abuse who often have complex trauma symptoms.
- Demonstrate currency in trauma-informed professional development
- Carry indemnity insurance.

Checklist

In addition to meeting the Approval Criteria, Applicants must submit a typed application form and supply the following documents:

- Curriculum Vitae for each Applicant or individual named in the Application;
- Continuing Professional Development Log for the preceding 12 - 36 months;
- Current Working with Vulnerable People registration number;
- Certified copy of a national police check not more than 12 months old;
- Evidence of qualification by way of AHPRA registration, certificate of membership of the appropriate professional body or a copy of your degree/diploma/certificate;
- The provision of two letters of reference;
- Evidence of two years’ experience working with victims of crime or survivors of childhood sexual abuse;
- Copy of driver’s licence or passport; and
- Application Declaration for each individual seeking registration.

Application Declaration

In submitting this application the applicant is deemed to have made the following Declaration:

I/We hereby:

1. Apply to the Department of Justice for registration as an approved counsellor/s for the provision of delivery of Counselling and Psychological Care (CPC) Services under the National Redress Scheme for Institutional Child Sexual Abuse.
2. Declare that the particulars in all the documentation are true and correct.
3. Undertake to advise the Department of Justice of any changes to the circumstances of the information contained in this application during the duration of the registration period should registration be granted.
4. Acknowledge that registration does not guarantee that the Applicant will be selected by survivorsto provide CPC services.

Signed:

Name (Print):

Position:

Service:

Date:



Applicant details

Name:

Australian Business Number (ABN):

Trading name:

Australian Company Number (ACN)
(if applicable)

Address:

Telephone number:

Suburb:

Mobile number:

State/territory:

Postcode:

Email address:

Postal address:

Suburb:

State/territory:

Postcode:



Practice details

Please complete the following for each practice location you wish to see clients.

Practice address 1

Practice name:

Building name:

Address:

Suburb:

State/territory:

Postcode:

Phone number for appointment:

Evening appointments available?

Yes No

Weekend appointments available?

Yes No

Is this practice your home address?

Yes No

Wheelchair accessible?

Yes No

Practice address 2

Practice name:

Building name:

Address:

Suburb:

State/territory:

Postcode:

Phone number for appointment:

Evening appointments available?

Yes No

Weekend appointments available?

Yes No

Is this practice your home address?

Yes No

Wheelchair accessible?

Yes No



Practice address 3

Practice name:

Building name:

Address:

Suburb:

State/territory:

Postcode:

Phone number for appointment:

Evening appointments available?

Yes No

Weekend appointments available?

Yes No

Is this practice your home address?

Yes No

Wheelchair accessible?

Yes No

Practice address 4

Practice name:

Building name:

Address:

Suburb:

State/territory:

Postcode:

Phone number for appointment:

Evening appointments available?

Yes No

Weekend appointments available?

Yes No

Is this practice your home address?

Yes No

Wheelchair accessible?

Yes No



Personnel

Application for Approved Counsellors

(Please note that this section must be filled out for each of the individual providers employed by an Organisation seeking registration. Please email CPC@justice.tas.gov.au if you require further copies of this section.)

Part A: Personal details

1 Name (title, surname, first, middle):

2 Gender (Please note that gender may be important for people experiencing complex trauma symptoms):

3 Date of birth (dd/mm/yyyy):

4 Address:

Suburb:

State/territory:

Postcode:

Postal address (if applicable):

Suburb:

State/territory:

Postcode:

5 Usual place of business—Address:

Suburb:

State/territory:

Postcode:

6 Contacts—Phone/mobile:

Email address:



Part B: Equal Employment Opportunity details

7 Are you an Aboriginal or Torres Strait Islander?

Yes No

8 Are you from a racial, ethnic or ethno-religious group which is a minority in Australian society?

Yes No Prefer not to answer

If yes, please indicate:

9 Do you provide counselling in a language other than English?

Yes No

If yes, please indicate languages other than English that you are able to speak at the required level for providing counselling:

Part C: Educational details

Award type:

Title of qualification:

Award date (dd/mm/yyyy):

I have attached my curriculum vitae



Professional registration details

10 Profession:

11 Professional Body:

12 Current registration number:

13 Registration status:

14 Registration expiry date (dd/mm/yyyy):

15 Practice endorsements:

16 Practice restrictions or conditions on practice:

17 Other relevant registrations and memberships:

18 Have you had any complaints lodged against you in the last 5 years?

Yes No

If yes, please provide details/outcome:

19 Are you registered to provide services with Medicare?

Yes No

If yes, please supply provider number:

20 Working with Children Check number:

Expiry date (dd/mm/yyyy):

21 National Police Check number:

Issue date (dd/mm/yyyy):

22 Do you carry indemnity insurance?

Yes No

If yes, please provide details – Provider, type of cover, membership number:



Supervision details

Note: regular individual clinical supervision is a mandatory requirement

23 Supervision frequency

Fortnightly Monthly Weekly Other (please provide details)

24 Primarily clinical supervisor's contact details

Name:

Email address:

Phone number:

Supervisor's profession:

(Note: Your supervisor may be contacted to confirm this arrangement and to discuss practice concerns)



Referee details

Please provide 2 letters of reference with your application from (1) your clinical supervisor and (2) a senior colleague or professional peer who has known you for a minimum of 12 months and can comment on your credibility, professional experience and reputation.

Your referees need to testify you have:

- A minimum of 2 years' experience post registration providing assessment, intervention and outcome plans for victims of crime; and
- You have been counselling victims of crime during the last 2 years.

Referee 1

Title:

Name:

Occupation:

Relationship:

Contact phone number:

Email address:

Referee 2

Title:

Name:

Occupation:

Relationship:

Contact phone number:

Email address:



Continuing professional development details

25 Please specify the relevant **trauma-specific** professional development and training undertaken in the last 3 years or provide a copy of your practice continuing professional development logs for the past 3 years.

Date (dd/mm/yyyy):	Name:	Type:	Duration:

Working with adult victims of child sexual abuse

26 Please describe your experience in providing counselling to victims of child sexual abuse with complex trauma symptoms.



27 Are there any client groups you have a specific expertise in working with (*Please tick all applicable*)?

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal or Torres Strait Islander | <input type="checkbox"/> Young people (18-21 years) |
| <input type="checkbox"/> Culturally and linguistically diverse backgrounds (please specify) | <input type="checkbox"/> Clients with a history of mental illness |
| <input style="width: 400px; height: 30px; border: 1px solid black;" type="text"/> | <input type="checkbox"/> Clients with an intellectual disability |
| | <input type="checkbox"/> Clients with an acquired brain injury |
| <input type="checkbox"/> Children (0-6 years) | <input type="checkbox"/> Clients who identify as LGBTQI |
| <input type="checkbox"/> Children (7-16 years) | <input type="checkbox"/> Clients who identify as transgender |
| <input type="checkbox"/> Young people (16-18 years) | <input type="checkbox"/> Clients with a history of drug and/or alcohol use |
| | <input type="checkbox"/> Clients with a cognitive impairment (other than as listed) |

28 Please list any specialist training undertaken in the areas selected in Q.27

Date (dd/mm/yyyy):	Name:	Type:	Duration:
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
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<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

29 Have you provided counselling in the following circumstances (please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> via telephone | <input type="checkbox"/> in correctional centres |
| <input type="checkbox"/> via video conferencing | <input type="checkbox"/> in a client's home |
| <input type="checkbox"/> in juvenile centres | |

30 Please describe in more detail your experience counselling in the nominated areas (*i.e worked in telephone counselling service*)



Where to send your application

Completed forms may be returned to:

Email: CPC@justice.tas.gov.au

The Department of Justice will acknowledge receipt of all applications by email. If you do not receive email confirmation of receipt within four business days, it is recommended that you contact the Department to confirm receipt.

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NATIONAL SERVICE STANDARDS FOR THE PROVISION OF STATE AND/OR TERRITORY BASED COUNSELLING AND PSYCHOLOGICAL CARE(CPC)

In electing to deliver counselling and psychological care (CPC) services a jurisdiction will be required to commit to service standards consistent with guiding principles for service systems outlined in the Royal Commission's Final Report. These include for services to be collaborative, available, accessible, high quality and inclusive of Aboriginal and Torres Strait Islander healing approaches.

Based on these principles, the jurisdiction will be required to commit to the following service standards in the delivery of CPC to survivors.

1. Make the first point of contact with referred survivors by providing them with information about their services (i.e. how to access the services and what is available etc.)
2. Do not require referred survivors to complete a new application form disclosing their experience to access services.
3. Provide a minimum of 20 hours of CPC to survivors, at their election, over the course of the survivor's lifetime.
4. Provide access to CPC for all survivors entitled to redress under the Scheme, including rural, regional and remote areas.
5. The preferences of the survivor will be taken into account when developing a plan for their care.
6. Providers will be qualified and appropriately skilled in working with survivors with complex trauma, have an understanding of the effects of institutional child sexual abuse and be registered with a relevant professional association.
7. Maintain appropriate oversight, monitoring and review of CPC service delivery and ensure survivors have access to a complaints mechanism for the CPC services, including referrals to relevant professional organisations.
8. Provide a range of delivery options to meet the needs of different survivors (for example, face to face, phone, online video chat, mobile apps and group therapy).
9. Support survivors with complex and additional needs with referrals to other providers with specialist expertise.
10. Be culturally appropriate and consider the diversity of the survivor such as needs related to disability, gender, sexuality and language.
11. Provide culturally appropriate CPC for Aboriginal and Torres Strait Islander survivors.
12. The Scheme should provide survivors with clear and accessible information on the availability of CPC, which should be made in a non-intrusive, compassionate and helpful manner.
13. Use best efforts to provide to the Scheme Operator data on the usage of services by survivors, including information regarding the number of referrals made to funded agencies by survivors entitled to redress, and information on complaints.
14. Any evaluation and monitoring of the redress scheme should extend to the provision of CPC services.
15. It is acknowledged that in some circumstances it may be impractical or impossible for the jurisdiction to comply with some or all of these standards. These circumstances may include where the survivor (a) cannot be contacted despite the jurisdiction's best efforts; (b) has moved interstate or overseas; (c) is detained in a correctional or other secure facility; or (d) is otherwise incapacitated.