

# CSOCAS Application

## Associate or Clinical Level Accreditation



If you are applying for **Associate** level accreditation, please complete **PART A**.

If you are applying for, or upgrading to **Clinical** level accreditation please complete **PARTS A and B**

If you are applying for or upgrading to **Supervisor** level accreditation, please use the CSOCAS Application for Supervisor Level Accreditation.

### PART A: All applicants must complete this section

1. Applicant Details	
Full name:	
Previous or other names:	
Gender:	
Date of birth:	
Postal address:	
Email address:	
Telephone number:	
Mobile number:	
Fax number:	
Geographic area served (for private practice):	

2. Client group(s)	
Children and adolescents who sexually harm others Adults who sexually offend against children Both	

3. Currency of practice			
Current employment/ employer	Position	Client Ages	Hours per month – child sex offending clients

4. Standards	
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 No

### 5. 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
Professional Registration Board	Registration Number	Date of issue	Date of expiry

### 6. Character – demonstrate relevant checks and experience

Working With Children Check (WWC) number <b>(NOTE: If you do not have a WWC number, please provide your Working With Children Check application (APP) number)</b>	WWC	
	APP	
National Police Check less than 12 months old is attached.	Yes	No
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.	Yes	No
Referee name	Relationship to applicant	Contact number
1.		
2.		
3.		

### 7. Supervision that is directly related to your work with people who sexually offend against children:

The nominated supervisor must either be an accredited counsellor or one who could become accredited if they wished.		
Total annual hours of supervision - evidence is attached.	Yes	No
Extent and history of work experience with client group	Yes	No
Is a signed copy of your current signed supervision contract attached?	Yes	No

## 8. 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

## 9. Attachments checklist for **Associate** level of accreditation

Have you attached:

(✓)

Verified copy of qualifications?

Copy of National Police Check?

Signed copy of current supervision contract?

Three written references?

**Please send your completed application form with attachments to the Office of the Children's Guardian:**

- via email: [csocas@kidsguardian.nsw.gov.au](mailto:csocas@kidsguardian.nsw.gov.au) OR
- by post: Child Sex Offender Counsellors Accreditation Scheme, Office of the Children's Guardian, Suite 1, Level 13/418A Elizabeth St, Surry Hills NSW 2010

### Office Use Only

Panel approval	Yes	No
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Panel member name			
Signature		Date	

Panel member name			
Signature		Date	

Panel member name			
Signature		Date	

### Comments

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## PART B: Clinical accreditation

<b>10. Education and training (specific to working with people who sexually offend against children) – demonstrate at least 50 hours</b>			
Demonstrate a minimum of seven hours in:	Relevant course / training	Date(s) undertaken	Hours of training
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 or working with adults).			
Other relevant training			

Detailed training and reading log attached?	Yes	No
Attendance certificates attached?	Yes	No

### 11. Professional experience (at least 1,000 hours of counselling or assessments with child sex offenders)

Practice and Location	Dates		Hours
	Start	Finish	
Total hours of clinical assessment and treatment services with sex offender clients			

### 12. Extended supervision (nominated supervisor must either be an accredited counsellor or one who is eligible for accreditation)

I have received 100 hours of face-to-face supervision – evidence is attached.	Yes	No
No more than 50 of these hours were in a group setting – evidence is attached.	Yes	No

### 13. 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	

## 14. Attachments checklist for **Clinical** level of accreditation

Have you attached:		(✓)
Verified copy of qualifications?		
Copy of National Police Check?		
Signed copy of current supervision contract?		
Three written references?		
<p><b>Please send your completed application form with attachments to the Office of the Children’s Guardian:</b></p> <ul style="list-style-type: none"> <li>• via email: <a href="mailto:csocas@kidsguardian.nsw.gov.au">csocas@kidsguardian.nsw.gov.au</a> <b>OR</b></li> <li>• by post: Child Sex Offender Counsellors Accreditation Scheme, Office of the Children’s Guardian, Suite 1, Level 13/418A Elizabeth St, Surry Hills NSW 2010</li> </ul>		

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Panel approval?	Yes	No
Panel member	(Name)	
	(Signature)	
	(Date)	
Panel member	(Name)	
	(Signature)	
	(Date)	
Panel member	(Name)	
	(Signature)	
	(Date)	

### Comments?

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