

# CSOCAS Application Accreditation Renewal



If you are renewing your accreditation with **no change to client group**, please complete this form.

If you are upgrading your accreditation (e.g. from Associate to Clinical), please complete the CSOCAS Application/Upgrade Associate or Clinical Level Accreditation form.

1. Applicant details	
Full name:	
Previous or other names:	
Gender:	
Date of birth:	
Postal address:	
Email address:	
Telephone number:	
Mobile number:	
Fax number:	
Working With Children Check number:	WWC
Geographic area served (for private practice):	
Current level of accreditation:	

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. 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

#### 5. Continued training and education (relevant to working with people who sexually offend against children) – at least 21 hours over two years

Subject	Program / course title	Who delivered training	Date	No. of Hours

Course attendance certificates and / or reading logs attached?	Yes	No
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#### 6. 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	

## 7. Attachments checklist for **renewal** of current accreditation

Have you attached:		(✓)
Signed copy of current supervision contact?		
Supervision log?		
Evidence of training undertaken?		
<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> <u>OR</u></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>		

### Office Use Only

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

### Comments?

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