

CSOCAS Application Supervisor Level Accreditation



This form is for individuals who wish to apply for Supervisor level accreditation.
 If you have been accredited at the Clinical level for at least three years, you are eligible to **upgrade your accreditation to the level of Supervisor.**
 For individuals who wish to apply for Associate or Clinical level accreditation, please complete the CSOCAS Application for Associate or Clinical Level Accreditation.

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

5. Standards

I have read and agree to uphold the Australian and New Zealand Association (ANZASTA) for the Treatment of Sexual Abusers Code of Conduct and Ethics.	Yes No
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6. Character – demonstrate checks and relevant experience

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. 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

9. 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

10. Attachments checklist for Supervisor 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 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
