

# NSW Rape Crisis Centre

Working Against Sexual Violence



## PRIVATE THERAPISTS DATABASE REGISTRATION DATA COLLECTION FORM

NAME: ..... DATE: .....

PRACTICE ADDRESS: .....

.....

.....

PRACTICE PHONE NUMBER: ( ) .....

**EMAIL ADDRESS:** (for updating database information – this will not be given in referral information)

.....

Following are some questions to gather information about your practice. **We will provide this information to callers who request a referral.** We kindly request that you complete each section as we are unable to process incomplete forms.

**1. What therapeutic framework(s) do you use?**

.....

.....

.....

**2. What are your professional qualifications? Please attach photocopies of relevant qualifications**

.....

**3. How many years of counselling/psychotherapeutic experience do you have?**

.....

**4. Are you registered with any professional organisations, and if so, which ones? Please attach a photocopy of your membership/s.**

.....

**5. Do you receive regular clinical supervision?**

.....



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**6. What experience have you had working with people who have experienced sexual violence?**

.....  
.....  
.....

**7. What is the average waiting time for an initial consultation?** (Please tick ✓)

- 1 week             1 month             6 months or more

**8. How much do you charge per session?** ,.....

**9. Do you use a sliding scale of fees or have concessions?** (Please tick ✓)  Yes ...  No

**10. Can you bulk bill for services under the Better Outcomes in Mental Health Care Scheme?**  
(Please tick ✓)  Yes ...  No

**11. Provide a referee who has had responsibility for supervising your clinical practice either currently or in the recent past.**

Name: .....

Telephone: .....

Return the form and photocopies of relevant documents, such as your qualification(s) or membership(s) to:

Jackie Burke  
NSW Rape Crisis Centre  
PO Box 555, Drummoyne NSW 2047

Thank you very much for taking the time to complete this form. We will update this information regularly, via e-mail. If at any time you want to change your details, or you wish to be removed from our database, please contact me at [info@nswrapecrisis.com.au](mailto:info@nswrapecrisis.com.au).

Regards

Donna Theodoridis  
Office Administrator

