

PRIVATE THERAPISTS DATABASE REGISTRATION

DATA COLLECTION FORM

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

PRACTICE ADDRESS:.....

.....

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

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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.

Please attach a copy of your CV detailing your counselling experience.

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

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

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

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

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5. How often do you receive regular clinical supervision?

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

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7. What experience do you have working with Dissociative Disorders?

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8. Do you provide counselling in any language other than English?

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9. Do you have any experience working with CALD communities? If so which ones? Please give details.

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

- 1 week 1 month 6 months or more

11. How much do you charge per session?

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

13. Can you bulk bill for services under the Better Outcomes in Mental Health Care Scheme?

(Please tick ✓) Yes No

14. Are you registered for the Approved Counselling Scheme through the NSW Victims Services?

(Please tick ✓) Yes No

15. 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
Clinical Manager
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 email. 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

Regards

Donna Theodoridis
Office Manager