

# Expression of Interest Contracted Counsellor



## CONTACT DETAILS

Name:	
Organisation:	
Work address:	
Suburb:	Postcode:
Contact number:	Mobile:
Email:	Website:

## AVAILABILITY FOR COUNSELLING SESSIONS

<input checked="" type="checkbox"/>	Day	Location (suburb)	Start time	End time
<input type="checkbox"/>	Monday			
<input type="checkbox"/>	Tuesday			
<input type="checkbox"/>	Wednesday			
<input type="checkbox"/>	Thursday			
<input type="checkbox"/>	Friday			
<input type="checkbox"/>	Saturday			
<input type="checkbox"/>	Sunday			

## YOUR PROFESSIONAL QUALIFICATIONS

Name of qualification	University or institution	Year completed

## PLEASE PROVIDE DETAILS OF CURRENT AND PREVIOUS WORK WITH CARERS AND CARING RELATED ISSUES

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## ARE YOU CURRENTLY EMPLOYED BY OTHER ORGANISATIONS? IF YES:

Organisation name	Contact person	Contact number

## SUPERVISION ARRANGEMENTS

Name of Supervisor	Their qualifications	Place of work	Frequency of sessions

Are you registered as a Medicare Provider?  Yes  No

**SERVICES PROVIDED**

<input type="checkbox"/>	Acceptance and Commitment Therapy	<input type="checkbox"/>	Family Therapy	<input type="checkbox"/>	Play Therapy
<input type="checkbox"/>	Art Therapy	<input type="checkbox"/>	Forensic Psychology	<input type="checkbox"/>	Psychoanalysis
<input type="checkbox"/>	Cognitive Behaviour Therapy	<input type="checkbox"/>	Generalist	<input type="checkbox"/>	Psychodynamic
<input type="checkbox"/>	Critical Incident Management	<input type="checkbox"/>	Hypnosis	<input type="checkbox"/>	Relationship Counselling
<input type="checkbox"/>	Dialectical Behaviour Therapy	<input type="checkbox"/>	Narrative Therapy	<input type="checkbox"/>	Solution Focused Therapy
<input type="checkbox"/>	Eye Movement Desensitisation and Reprocessing	<input type="checkbox"/>	Person Centered Therapy	<input type="checkbox"/>	Relationship Counselling

**SPECIALITY AREAS OF PERSON RECEIVING CARE**

<input type="checkbox"/>	Aged	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Pain
<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	Drug and alcohol use	<input type="checkbox"/>	Palliative
<input type="checkbox"/>	Behavioural issues	<input type="checkbox"/>	Genetic conditions	<input type="checkbox"/>	Physical condition
<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	Psychiatric or Psychological conditions
<input type="checkbox"/>	Dementia	<input type="checkbox"/>	Neurological		

**SPECIFIC CARERS YOU WORKED WITH**

<input type="checkbox"/>	Carers of adolescents	<input type="checkbox"/>	Female carers	<input type="checkbox"/>	Older carers
<input type="checkbox"/>	Anyone/other	<input type="checkbox"/>	GLBTIQ community	<input type="checkbox"/>	Parents
<input type="checkbox"/>	Culturally and Linguistically Diverse	<input type="checkbox"/>	Grandparents	<input type="checkbox"/>	Carers of Veterans and/or Service Personnel
<input type="checkbox"/>	Carers of children	<input type="checkbox"/>	Indigenous carers	<input type="checkbox"/>	Young carers
<input type="checkbox"/>	Carers of children with a disability	<input type="checkbox"/>	Male carers		

**SPECIFIC CARER ISSUES YOU WORK WITH**

<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Family violence	<input type="checkbox"/>	Stress
<input type="checkbox"/>	Bereavement	<input type="checkbox"/>	Loss and grief	<input type="checkbox"/>	Trauma
<input type="checkbox"/>	Sexual assault	<input type="checkbox"/>	Relationship issues	<input type="checkbox"/>	Other
<input type="checkbox"/>	Depression				

**LANGUAGES OTHER THAN ENGLISH**

Language	Years speaking this language	Can you provide counselling in this language?

**PROVIDE DETAILS OF AT LEAST TWO REFEREES WHO CAN COMMENT ON YOUR COUNSELLING EXPERIENCE**

Referee 1	Contact details	Nature and period of relationship
Referee 2	Contact details	Nature and period of relationship

Signature:

Return to: Carer Counselling Program  
 Carers Victoria, PO Box 2204, FOOTSCRAY VIC 3011  
 or by Fax: 03 9396 9595  
 or email [nccpadmin@carersvictoria.org.au](mailto:nccpadmin@carersvictoria.org.au)

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To read the rest of our Privacy Statement, please go to: [www.carersvictoria.org.au/about-us/governance](http://www.carersvictoria.org.au/about-us/governance).