

# School of Counselling

- Application Forms

# BACHELOR OF COUNSELLING

## Documents Required for your Application

### Document Checklist

Check off each of these to make sure you have completed the application requirements.

### ALL NEW APPLICANTS TO VISION COLLEGE

**Proof of Identity: Proof of Citizenship or Residency – one of these:**

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.
- Certificate of citizenship or letter of confirmation.
- Overseas passport with residency stamp.

*You can bring the original documentation to the enrolment desk. Alternatively please provide a certified copy by a Justice of the Peace (JP), Solicitor, Minister of the Church or General Practitioner.*

**Proof of Identity: Photo ID – one of these:**

- Passport
- Driver's Licence
- Former Student ID Card
- R18+ ID Card
- Any other Photo ID

### YEAR ONE APPLICANTS

The proof of identity documents, as mentioned above, plus this information:

**In this booklet:**

- Application/Enrolment Form
- Health and Ethical Issues
- Work History
- List of Referees
- Confidential Referee Report #1
- Confidential Referee Report #2
- Ministry of Justice check form

*Confidential referee reports are to be cut-out and given to the referee to fill in, and then mailed in separately by the person completing the report.*

**Written Assignments**

- Written Assignment #1
- Written Assignment #2

*The assignments are described in this booklet.*

## YEAR TWO APPLICANTS

Simply fill in the standard 4-page enrolment form, titled "Application/Enrolment Form".

## YEAR THREE APPLICANTS

### Already achieved Diploma of Counselling or equivalent

If new to Vision College, please provide the proof of identity documents, as mentioned above, plus this information:

#### Documents Required:

- Supervision Log
- Counselling Log (if applicable)

#### Written Assignments

- Written Assignment #1

*The assignment is described in this booklet.*

#### In this booklet:

- One Confidential Referee Report - to be completed by a counselling agency where you work, or your supervisor. It should be cut out of this booklet, and given to them to mail in directly to Vision College.
- If new to Vision College fill in the Ministry of Justice check form, or provide a current police check that your agency has on file for you.

**Please choose 4 of the following electives and indicate your preference**

**(1 being the most preferred, 4 being the least preferred)**

	<b>Preference</b>
COU331 – Introduction to Research	<input type="checkbox"/>
COU332 – Creative Therapies	<input type="checkbox"/>
COU333 – Counselling Children and Young People	<input type="checkbox"/>
COU334 – Grief and Loss Counselling	<input type="checkbox"/>
COU335 – Alcohol, Drugs and Addictions	<input type="checkbox"/>
COU336 – Abuse and Trauma Counselling	<input type="checkbox"/>
COU337 – Working with Couple Relationships	<input type="checkbox"/>

# Application Process

This is the process you can expect to experience when applying for the Bachelor of Counselling at Vision College.



Your application process is now complete!

# DOMESTIC STUDENTS Application/Enrolment Form



## Hamilton, Auckland and North Island Distance Enrolments:

Post to: Fax 07 853 0223  
Vision College Enrolments Office Enquiries 0800 834 834  
21 Ruakura Road Administration 07 853 0777  
Hamilton 3216 Email admin@visioncollege.ac.nz

## Christchurch and South Island Distance Enrolments:

Post to: Fax 03 366 9271  
Vision College Enquiries 0800 834 834  
334 Manchester St Administration 03 377 2364  
Christchurch 8013 Email christchurch@visioncollege.ac.nz

- Please complete all sections of this form and sign the declaration.
- Please attach all additional documentation required as per the documentation section.
- Note: **International students** should use the International Student enrolment form, which is available on the website.

## QUALIFICATION

1. What qualification do you wish to enrol in?   
Qualification start date:  Qualification end date:
2. Have you studied at Vision College before? Yes No If yes, what was your Student ID number?
3. How do you intend to study? Full time Part time
4. Where do you intend to study? On Campus – Which one?   
Distance/Online/Block Courses (if offered)
5. If there are options for your course, what option are you choosing?  
e.g. Music students write your chosen major. Leadership students could write “internship” or “on campus”. Business students list your chosen papers.  
  
If the qualification you have chosen does not have options, or if you are unsure, leave this field blank.
6. What year do you expect to complete the academic requirements of your course(s) with Vision College in order to graduate with your qualification? Year

## PERSONAL DETAILS

7. **Your full legal name:** Family Name:  Title: Mr Miss Mrs Ms  
First Name(s):
8. Preferred name (if different to above):   
Previous name(s) known by:
9. If you have previously enrolled under another name, what was that name?
10. Date of birth: //  
D D M M Y Y Y Y
11. Gender: Male Female
12. Do you know your NSN (National Student Number)? No Yes If yes, please write it here:
13. Citizenship: New Zealand Citizen New Zealand Permanent Resident Australian Citizen Other (please specify)
14. During your study, where will you be residing? New Zealand Overseas

15. Which ethnic group(s) do you belong to?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> NZ European/Pakeha    | <input type="checkbox"/> British/Irish | <input type="checkbox"/> Other European        | <input type="checkbox"/> Japanese       |
| <input type="checkbox"/> New Zealand Māori     | <input type="checkbox"/> Dutch         | <input type="checkbox"/> Filipino              | <input type="checkbox"/> Korean         |
| <input type="checkbox"/> Samoan                | <input type="checkbox"/> Greek         | <input type="checkbox"/> Cambodian             | <input type="checkbox"/> Other Asian    |
| <input type="checkbox"/> Cook Island Māori     | <input type="checkbox"/> Polish        | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Tongan                | <input type="checkbox"/> South Slav    | <input type="checkbox"/> Other Southeast Asian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Niue                  | <input type="checkbox"/> Italian       | <input type="checkbox"/> Chinese               | <input type="checkbox"/> African        |
| <input type="checkbox"/> Tokelauen             | <input type="checkbox"/> German        | <input type="checkbox"/> Indian                | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Fijian                | <input type="checkbox"/> Australian    | <input type="checkbox"/> Sri Lankan            | <input type="checkbox"/> Not Stated     |
| <input type="checkbox"/> Other Pacific Peoples |  |  |   |

If Other European / Other Asian / Other Southeast Asian / Other Pacific Peoples or Other, please specify:

15a. If you identified as **New Zealand Māori**, what is the name of the Iwi you have the strongest affiliation to?  
You may enter up to three.

Iwi  Iwi  Iwi

16. How did you hear about this course?

### ACADEMIC INFORMATION

17. What was your main activity in New Zealand as at 1 October in the **year prior** to this course start date?

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Secondary School Student    | <input type="checkbox"/> Self-employed       | <input type="checkbox"/> College of Education student | <input type="checkbox"/> Private training establishment student |
| <input type="checkbox"/> Non-employed or beneficiary | <input type="checkbox"/> University Student  | <input type="checkbox"/> House-person or retired      | <input type="checkbox"/> Wānanga student                        |
| <input type="checkbox"/> Wage or salary worker       | <input type="checkbox"/> Polytechnic Student | <input type="checkbox"/> Overseas                     |   |

18. Do you live with the effects of significant injury, long term illness or disability? Yes No

If yes, how would you describe your significant injury, long term illness or disability? The information you supply is confidential.

19. Is there anything that you suffer from that is likely to affect your study or that we should be aware of while on campus?

- |  |                                     |                                     |   |
|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Migraines  | <input type="checkbox"/> RSI (OOSE) | <input type="text"/>                            |

20. What was the name of the last secondary school you attended?

School:  Year:  New Zealand Overseas

21. What is the highest level of achievement you hold from a secondary school?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> No formal secondary qualifications | <input type="checkbox"/> 14 or more credits at any level        | <input type="checkbox"/> NCEA Level 1 or School Certificate                                | <input type="checkbox"/> NCEA Level 2 or 6 <sup>th</sup> Form Certificate |
| <input type="checkbox"/> University Entrance                | <input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship | <input type="checkbox"/> Overseas qualification (includes Cambridge & Baccalaureate exams) | <input type="checkbox"/> Not Known  |
| <input type="checkbox"/> Other (please specify)             |   |  |   |

22. Is this the first time you have enrolled at a tertiary institution in New Zealand or overseas?

Yes No (if yes, go to question 24)

If No, please enter the name of the organization you first studied at and the year of your first enrolment:

School:  Year:  New Zealand Overseas

23. Please list any tertiary study that you have done (include the highest level qualifications that you have completed).

Institution	Course	Year Studied	Successfully completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Do you have a Studylink student loan from a previous course?  Yes  No

Are you applying for a Studylink student loan for this course?  Yes  No

If yes to either question, what is your IRD number?

On 1 April 2006, legislation was introduced to make student loans interest free for borrowers living in New Zealand. For more information on interest free student loans, visit [www.ird.govt.nz/studentloans](http://www.ird.govt.nz/studentloans). Completing your IRD number is voluntary.

25. Please provide details of your bank account for deposit in the event of refunds:

Bank

Branch

Account Number

Suffix

## CONTACT DETAILS

26. Home Address:

Post Code:

Postal Address:

(if different)

Post Code:

Email Address:

Home Phone:  Mobile:

Next of Kin (emergency contact) Name:  Phone:

## DOCUMENTATION

To qualify as a domestic student, and so be entitled to the Government tuition subsidy, you must be a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) or a permanent resident of New Zealand or a citizen or permanent resident of Australian residing in New Zealand.

### Citizenship/Permanent Residency

You will need to produce **one** form of documentation from the following checklist as evidence of citizenship/permanent residency

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.
- Certificate of citizenship or letter of confirmation.
- Overseas passport with residency stamp.

### Photo ID

You must produce one form of Photo ID.

- Driver's Licence
- Passport
- Former Student ID Card
- R18+ ID Card
- Any other Photo ID

**You can bring the original documentation to the enrolment desk, alternatively please provide a certified copy by a Justice of the Peace (JP), Solicitor, Minister of the Church or General Practitioner.**

## DECLARATION

**Privacy** -The Organisation collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns), Industry Training Organisations (funding and academic outcomes), Ministry of Social Development (confirmation of enrolment and academic outcomes), Inland Revenue Department (student loan interest rebate), Department of Immigration (if you are not a New Zealand citizen or permanent resident) and Agencies who support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of one of these awards).

Your name, date of birth and residency as entered on this enrolment will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Birth Register. For further information please see: <http://nsi.education.govt.nz/home.aspx>

The information is also used to select students for qualifications, to manage internal administrative processes,

and for internal reporting.

Information about students may be supplied to, and sought from, other educational organisations for the purpose of verifying academic records .

In addition, when required by statute, the Institute releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).

In signing this enrolment form you authorise such disclosure on the understanding that the Organisation will observe the general conditions governing the release of information, as set out in the Privacy Act 1993 and the Post-compulsory Unique Identifier Code of Practice. You may see any information held about you and amend any errors in that information. To do so, contact the Enrolments Officer.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons.

It requires the Organisation to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act.

<http://www.privacy.org.nz/privacy-act>

**Fees** – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. The Organisation’s policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

In signing this form you authorise ATC New Zealand to request payment of your course costs from Studylink (if applicable). This includes course fees as well as any course related costs that are outstanding more than 60 days.

**Rules** – In signing this enrolment form you undertake to comply with the published rules and policies of the Organisation with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.

**Declaration** – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

Signature

Date

### OFFICE USE ONLY:

Document type	full legal name	date of birth	gender	citizenship or residency status	Photo ID	Name of person sighting document	Date	Signature

All documents must be sighted and signed by a staff member. All 5 columns must be covered by the documentation provided.

## Written Assignment

Please attach this assignment to this booklet.

### YEAR ONE APPLICANTS

1. Please write approximately one page in your own words, summarising your understanding of counselling. Your answer should also include something of your Christian understanding and experience and how this relates to counselling.
2. Please write approximately one page outlining how you have become interested in the field the course covers, your experience to date, why you are interested in the course, where you want to go in this field and why you should be accepted into the course.

### YEAR THREE APPLICANTS

1. Please write a brief outline of your current modality of working.

## Health and Ethical Issues

1. Have you suffered or do you currently suffer from health problems that *may affect your ability to study*?

- |                                     |  |                                     |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Chronic Fatigue                   | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Emotional/Psychological Disorders | <input type="checkbox"/> Epilepsy   |
| <input type="checkbox"/> Migraines  | <input type="checkbox"/> RSI / OOSE                        | <input type="checkbox"/> Other      |

Please specify if 'Other' \_\_\_\_\_

No, I don't suffer from any of these health problems.

2. Have you used any illegal substances before?  Yes  No

What have you used? \_\_\_\_\_

When did you last use it? \_\_\_\_\_

Please advise us of any other information that may interfere with your ability to study. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



## Referees and References

Two written reference forms are enclosed with this application form. Please have *two* referees complete these forms and send them directly to Vision College.

In *addition* to the written references, please give a further two names of referees that Vision College may contact to discuss your application. These should be past employers, your pastor/minister or teachers/tutors.

A Referee should:

- Not be related to you or live at the same address as you.
- Have known you preferably for more than 12 months.
- Be over the age of 25 years.
- Be able to support your application.

Written Referees:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Additional Referees:

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_







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Ability to be realistic and objective in dealing with problems:

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Financial responsibility:

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Interpersonal Relationships:

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Initiative/Creativity:

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Integrity:

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Communication Skills:

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5. What do you see as this person's greatest abilities and strongest character traits?

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6. What areas of the applicant's life need development or improvement?

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7. From your knowledge, could this person cope with the demands of full-time study? Yes No

8. Are you aware of any health problems, either physical or emotional, that could affect the applicant's ability to complete the course? Yes No

If YES, please explain:

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9. Are you aware of any ethical or moral struggles or weaknesses that might compromise the applicant's ability to work as a counselling professional? Yes No

If YES, please explain:

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10. Please make any additional comments in regard to the applicant below, or contact us at College.

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11. With regard to the applicant's request to undertake the Bachelor of Counselling course, do you believe the applicant:

- Should be accepted
- Should not be accepted
- Should probably be discouraged

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your kind assistance, please return this to the appropriate campus:**

**Hamilton Enrolments:**

Post to:                      Fax 07 853 0223  
Vision College              Enquiries 0800 834 834  
21 Ruakura Road            Administration 07 853 0777  
Hamilton 3216                Email admin@visioncollege.ac.nz

**Christchurch Enrolments:**

Post to:                      Fax 03 366 9271  
Vision College              Enquiries 0800 834 834  
334 Manchester St           Administration 03 377 2364  
Christchurch 8013            Email christchurch@visioncollege.ac.nz





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Ability to be realistic and objective in dealing with problems:

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Financial responsibility:

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Interpersonal Relationships:

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Initiative/Creativity:

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Integrity:

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If YES, please explain:

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If YES, please explain:

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- Should be accepted
- Should not be accepted
- Should probably be discouraged

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for your kind assistance, please return this to the appropriate campus:**

**Hamilton Enrolments:**

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Vision College              Enquiries 0800 834 834  
334 Manchester St           Administration 03 377 2364  
Christchurch 8013            Email christchurch@visioncollege.ac.nz



Criminal Records Unit  
 Ministry of Justice  
 National Office  
 P O Box 2750  
 WELLINGTON

**For Office Use Only**

**MoJ Request Number**

**REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS**

**SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY**

I hereby authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

- Pre-employment vetting
- Insurance Claims vetting
- Other (specify)

Pre-Course

Tick the report required:

- All convictions report
- Traffic Convictions Report

Signature of subject and date

X

X



I wish to receive a copy of the information provided to the Third party. Yes / No

**SECTION 2: THIRD PARTY DETAILS**

**Third Party Name Details**

Full Name of Third Party

Glenys Shirley Anne Bishop

Full name and address of the person or agency the third party is acting for (if applicable)

ATC New Zealand

Third Party Reference Number (if applicable)

**Third Party Address Details**

P.O. Box or Street Address

21 Ruakura Road

Suburb

City

Hamilton

State / Province

Waikato

Post Code

3216

Country

New Zealand

Signature of Third Party

X

*The term "subject" refers to the person whose criminal convictions is being requested.*

*The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.*

*The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.*

*This application and associated letters and reports will be disposed of three months after processing the response.*

## Personal Details

Surname

First Name

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female)

## Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

## Postal Address

P.O. Box or  
Street Address

Suburb

City

State / Province

Post Code

Country

## Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

## Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT
Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for

years and vouch for his/her identity

X

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Criminal Records Unit on 04 918 8800.

Note: Please check that you have signed the box on Page 1



**Hamilton Campus**

21 Ruakura Road  
Hamilton 3216  
Phone 07 853 0777  
[hamilton@visioncollege.ac.nz](mailto:hamilton@visioncollege.ac.nz)

**Christchurch Campus**

334 Manchester St  
Christchurch 8013  
Phone 03 377 2364  
[christchurch@visioncollege.ac.nz](mailto:christchurch@visioncollege.ac.nz)

[www.visioncollege.ac.nz](http://www.visioncollege.ac.nz)

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