

# DAP AANZ

Drug and Alcohol Practitioners' Association Aotearoa-New Zealand

## Application for Renewal of Endorsement as an Alcohol and Other Drug Support Worker for 2008

- 1 Name:
- 2 Address:
- 3 Daytime contact phone number:

Which ethnic group do you belong to? *Mark the space or spaces which apply to you.*

<input type="checkbox"/>	New Zealand European	<input type="text" value="Iwi affiliation"/>
<input type="checkbox"/>	Māori	
<input type="checkbox"/>	Samoan	
<input type="checkbox"/>	Cook Island	
<input type="checkbox"/>	Tongan	
<input type="checkbox"/>	Niuean	
<input type="checkbox"/>	Chinese	
<input type="checkbox"/>	Indian	

other such as *DUTCH, JAPANESE, TOKELAUAN*. Please state:

- 4 Employer:
- 5 Job title, full/part-time and brief description:
- 6 Name of clinical supervisor:
- 7 His/her daytime contact phone number, organisation and address:

- 8 In 2007, did you have at least six months clinical practice in addictions treatment at a minimum 100 hours:  
**yes/no**  
*A letter from your organisational supervisor/line manager/unit manager/clinical director supporting your statement is required*
9. Are you currently working in addictions treatment and completed at least 75 hours of direct and supervised client contact:  
**yes/no**  
*A letter from your organisational supervisor/line manager/unit manager/clinical director supporting your statement is required*
10. Do you have the completed assessment report from your clinical supervisor:  
**yes/no**

**NOTES:**

The renewal portfolio is the collection of the following paperwork that you need to forward:

1. The completed DAPAANZ Application for Renewal of Registration as a Competent Practitioner form.
2. A letter from the applicant's supervisor that comments on the clinical practice in terms of competency, experience and ethical standards of the applicant's work.
3. A letter from the applicant's Manager or Clinical Team Leader or equivalent that confirms and states:
  - a) That the applicant has had a minimum of 100 hours of clinical experience in addictions treatment in total, in 2007
  - b) That the applicant maintains a level of clinical practice in addictions treatment of at least 75 contact hours in 2007
  - c) Their support of the renewal application in general.
4. Disclosure of Past Convictions/Complaints form.
5. A statement of personal work development since your registration: courses, workshops, conferences attended, presentations made to peer groups, in-service training and case presentations.
6. Incomplete documentation will lead to delays in processing your application.
7. Post to DAPAANZ, PO Box 25056, Panama Street, Wellington 6146.