

DAP AANZ

Drug and Alcohol Practitioners' Association Aotearoa-New Zealand

Application for Registration as an Alcohol and Other Drug Practitioner

- 1 Name:
- 2 Name you wish to go on the certificate:
- 3 Address:
- 4 Daytime contact phone number:
- 5 Which ethnic group do you belong to? *Mark the space or spaces which apply to you.*

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | New Zealand European |
| <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 |

Iwi affiliation

other - Please state:

- 6 Employer:
- 7 Job title, full/part-time and brief description:
- 8 Qualifications, dates and Awarding Institution:

- 9 Name of clinical supervisor:
- 10 His/her daytime contact phone number, organisation and address:
- 11 Your length of clinical practice:
- 12 Do 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
- 13 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
- 14 Do you have the completed assessment report from your clinical supervisor: **yes/no**
- 15 Have you enclosed your curriculum vitae (CV): **yes/no**
- 16 Have you enclosed your Disclosure of Past Convictions declaration: **yes/no**
- 17 Have you enclosed your cheque made out to DAPAANZ for \$168.75: **yes/no**
- 18 Have you enclosed the originals, or certified photocopies, of your qualifications: **yes/no**

NOTES:

1. Applications must be accompanied by:
 - Either the original or photocopies of qualifications being submitted. Certification can be provided by a kaumatua, justices of the peace, ministers of religion, police officers, teachers, lawyers, your employer, registered medical practitioner
 - Assessment report from your clinical supervisor covering all required criteria
 - Letter from your organisational supervisor/line manager/unit manager/clinical director supporting your statements of hours of practice, hours of client contact and reference to your general proficiency in your clinical practice and ethical standards, is required
 - Cheque for \$168.75 made out to DAPAANZ
 - Curriculum vitae
2. Incomplete documentation will lead to delays in processing your application.
3. Names of applicants for registration are to be posted on the website for 30 days and comment invited from those who know the applicant. After 30 days the applications plus any comment to be sent to the Executive.
4. Post to DAPAANZ, PO Box 25056, Panama Street, Wellington 6146.