



## Renewal pack for endorsement as a Support Worker

For your application, you need:

Completed  
(tick)

1. Renewal form (see page 2)
2. Disclosure of convictions or complaints (see page 3)
3. Assessment report from supervisor (see page 4 & 5)
4. Form from your line manager supporting your application for renewal (see page 6)
5. Payment of fee for \$136.50  
Please make cheque payable to Dapaanz. You may pay by direct credit (Kiwibank: 38-9001-0625548-01). You must put your membership number or name in the reference box. If the fee is being paid by your employer, please specify. Receipt and membership certificate will be issued.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

***Incomplete documentation will lead to delays in processing your application. Processing commences upon the receipt of your fee.***

**Post to: Dapaanz, PO Box 25056, Panama Street, Wellington 6146**  
**Courier to: Dapaanz, Level 6, Aviation House, 12 Johnston Street, Wellington 6011**



## Renewal of endorsement as a Support Worker

1. Name:
2. Membership number:
3. Name you wish to go on Certificate:
4. Address for correspondence:      home / work      (please circle)
  
5. Daytime contact phone number:  
    Mobile number:  
    E-mail address:
6. Organisation name and town/city:
7. Job title:
8. Name of your line manager:
9. His/her daytime contact phone number:
  
10. In the last year, did you have at least six months working in addictions treatment with a minimum 100 hours: **yes / no**
  
11. Are you currently working in addictions treatment and completed at least 75 hours of direct and supervised client contact: **yes / no**

**Signed:** ..... **Date:** .....



## Disclosure of convictions or complaints since last disclosure

In order to provide as much protection as we can to the public and to protect the integrity and accountability of dapaanz as a professional association, applicants for renewal of endorsement as a Support Worker will be required to disclose any offences committed for which they have been convicted in a court of law; and any complaints against their practice which have been upheld.

**All applicants must answer the following questions. Please circle your answer:**

1. Have you been convicted of a criminal offence since your last disclosure?

**yes / no**

2. Have there been any complaints against your practice upheld since your last disclosure?

**yes / no**

Sign below and attach the form to your application. If yes, then give year offence(s) committed, nature of offences, charges laid and the outcome and attach on a separate sheet.

**Note:**

- 1. You may be asked to clarify any matters arising from the disclosure.
- 2. If an applicant is declined endorsement on grounds of the disclosure, the normal appeal procedure will apply.

**Name:** .....

**Signature:** .....

**Date:** .....



## Assessment report from Supervisor

**Name of Applicant:** .....

By completing this form, you support your supervisee’s application for renewal of their endorsement as a Support Worker.

This form will be presented as part of the applicant’s portfolio.

The Executive will decide on whether to approve renewal or to refer the applicant back for further development. The applicant, if successful, will be endorsed for 12 months.

The applicant for renewal of endorsement demonstrates an understanding of their work as an addiction treatment practitioner and, under direction and supervision, can work responsibly and safely. The applicant can work competently within set practice boundaries and where appropriate:

- Carry out specialised tasks
- Apply competent practitioner skills with clients not presenting with complex issues
- Analyse information and apply it appropriately
- Understand social justice issues (ethnicity, gender, sexual orientation, etc.)
- Formulate appropriate responses to a limited range of problems
- Contribute to the management of treatment processes
- Work competently within defined activities
- Be responsible for personal work outcomes and has shared accountability for team outcomes

In accordance with your observation of the applicant’s work, would you assess the applicant as continuing to work routinely at a Support Worker level?

**I assess the applicant,** ..... (print name)  
as competent in routinely working at a Support Worker level, within the dapaanz Code of Ethics and in the context of the Addiction Intervention Competency Framework (dapaanz 2011).

I am aware that this statement will form an important part of assessment of the competency of the applicant and I understand the ethical implications with regard to the applicant’s ability to continue an appropriate role as a Support Worker.

**Name:** .....

**Signature:** .....

**Date:** .....

**Note:** *There are two other more advanced levels: 1) endorsement as an Associate Alcohol and Other Drug Practitioner and, 2) registration as an Alcohol and Other Drug Practitioner. Please refer to relevant documents on website.*



**Support by Line Manager for application for renewal of endorsement as a Support Worker**

..... is an experienced Support Worker whose standards of practice demonstrates competency, and adherence to ethical standards. I therefore support this application for renewal of endorsement as a Support Worker.

I confirm that ..... :

- (a) has completed more than 6 months of working in addictions treatment, of at least 100 hours, in the last year.
- (b) is currently working in addictions and has completed more than 75 hours of direct and supervised client contact.

I support this application in general.

**Signed by:** .....

**Name (please print):** .....

**Organisation:** .....

**Date:** .....