



HOKIANGA
HEALTH
HAUORA
HOKIANGA



To Pou Ora O Te Piringatahi – Northland Primary Mental Health Pilots

COUNSELLOR INFORMATION & ENROLMENT FORM FOR SUBSIDISED COUNSELLING

Subsidised Counselling is intended to be used for clients who cannot self-fund, don't qualify for funded counseling from WINZ, Family Court, CYFS, ACC, or Northland Health Or who would experience significant delays or face other barriers to use that funding. Every effort should be made to use these other forms of funding where practicable.

Limited funding is available for clients who are enrollees of the following Northland PHOs: Hokianga PHO; Kaipara Care Incorporated; Tihewa Mauriora PHO; Te Tai Tokerau PHO and Whangaroa PHO.

6 sessions per client are available per year. Sessions are funded at \$75 exclusive of gst. Payments are made to the counsellor via a Buyer Created Tax Invoice issued by Kaipara Care Inc. before the 10th day of the month following receipt of the First or Subsequent Session Form by the end of the previous month. All relevant fields of the First or Subsequent Sessions Forms must be filled out before payment is made.

The information collected on the First and Subsequent Session Forms is entered on a database at Kaipara Care Inc. Anonymous information from this database is used to inform the Clinical Governance Committee, 6 Northland PHO Managers, Northland District Health Board, and the Ministry of Health about the gaps in funded counseling, the types of problems counselors assist their clients with, and the outcomes of the counseling. Te Pou Ora O Te Piringatahi is a pilot running until June 2009 which we hope will result in permanently funded resource for counseling in Northland.

Counsellors using this funding must be full members of the following organisations and adhere to the Code of Ethics of their association including: NZAC (NZ Association of Counsellors), NZAP (NZ Association of Psychotherapists), and NZPsS (NZ Psychological Society)

1. Counsellors Name: _____

2. Street Address: _____ Telephone: _____ Mobile: _____
 Fax: _____ Email: _____ Town: _____

3. Bank Acct. No. _____

4. GST Registered? GST no: _____

5. I declare I am a full current member of **either** the NZ Association of Counsellors
 OR NZAP (NZ Association of Psychotherapists)
 Or NZPsS (NZ Psychological Society)
 as at (Date) _____ and that I adhere to that Association's Code of Ethics

Signed _____

PLEASE FAX THIS TO 09 439 1389 or POST TO KCI, PO Box 112, DARGAVILLE