

## **Family Protection Act, 2013**

### **Panel of Counsellors - Registration Form**

Complete this form to register under the Family Protection Act in order to legally provide counselling services to clients in Tonga.

If you have any questions about this registration, please contact telephone 27-145 during office hours or email [aina.kavaliku@yahoo.com](mailto:aina.kavaliku@yahoo.com) for more information.

---

To help us process your application quickly, we ask you to:

- answer all the questions that apply to you
- sign and date this form at the end of this Application Form

When you've completed this Application Form, please return it to:

**Address to:**

Chief Executive Officer,  
Ministry of Internal Affairs  
Head Office, Taufa'ahau Road  
Nuku'alofa, TONGA



## Part one: Personal and contact details

1. Your personal details	
Your title:	Your first name(s):
Your last name:	Gender:
Date of birth:	Ethnicity:

2. Your contact details				
The name of your counselling practice:				
Contact name:		Contact job title:		
Work phone number:		Mobile number:		
Work email address:				
The best way to contact you	<input type="checkbox"/> phone	<input type="checkbox"/> mobile	<input type="checkbox"/> email	<input type="checkbox"/> post
Email address :				
Postal address :				
Physical address :				
Do you operate from any other clinic?			<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, what is the address?				

## Part two: Professional and qualification details

<input type="checkbox"/> Social worker	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Counseling psychologist
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Educational psychologist	

### 4. Your qualifications and Experiences

As a counsellor, please tick the box if you have the following qualification and criteria and list all others of your counselling-related qualifications.

- ☐ Certificate from Regional Training Program on EVAW by a Recognized Institution
- ☐ Have at least 3 years of counselling experience in domestic violence, family violence, violence against women and children and gender based violence in general.
- ☐ Is able to speak fluently in the Tongan language and communicate comfortably in English
- ☐ Have received specialist counselling training in any of the following areas (domestic violence, family violence, violence against women and children) or more specifically all forms of child abuse, all forms of sexual abuse including rape and incest.
- ☐ Has a proven counselling record with any of the following NGO service providers in any of the specialised areas (TNCWC, MFF, SA, TFHA, Talitha or WCCC)
- ☐ Is willing to undergo a 2-week specialised FPA Counsellors training prior to registration.
- ☐ Other qualification and/or experiences. Please specify by listing it/them below.

- 
- 
- 
- 
- 
-

### Part three: Employment and membership details

#### 5. Employment details

List the organisations you are currently with and have been employed by or affiliated to?  
Please provide details including the period of employment for each organisation:


#### 6. Sexual abuse counselling training details

Please provide details of all the training you've had for sexual abuse counselling. We ask you to list the most recent training first, then next-most recent, etc.

Training date(s)	Training type eg workshop, seminar, conference etc	Presenter name	Course name	The organisation that ran the training

☐ I have attached certified receipts or certificates or other proof of my training, to this Application Form.

Please be specific and state the attachments provided here!

## 7. Physical injury counselling details

Complete this section if you want to provide counselling to our clients who have a mental injury that has resulted from a physical injury. Please provide details of all the training you've had for physical injury counselling. We ask you to list the most recent training first, then next-most recent, etc.

Training date(s)	Training type eg workshop, seminar, conference	Presenter name	Course name	The organisation that ran the training

☐ I have attached receipts, certificates or other proof of my training to this form.

## 8. Your supervision details

What is the name of the supervisor you have now?

What is your supervisor's occupation?

What is the contact number for your supervisor?

When did your supervisor begin supervising you?

Please explain how often you are supervised for:

## 9. Declaration and signature

I confirm that the personal and professional information given in this **Application for Counsellor Registration Form** about me is complete, correct and up-to-date and I have not, in the last five years:

- had my employment or affiliation terminated for disciplinary reasons
- been convicted of an offence under the Criminal Offence Act or similar offence
- been disbarred for proven disciplinary reasons from membership of an organisation or body.

I agree that the Minister in Consultation with the Family Protection Advisory Council can register me as a counsellor if I meet the requirements to operate and work under the Family Protection Act.

Signature:

Date: