Requests from practitioners for approval to provide additional counselling and psychological care, beyond the initial 20 hours, are considered on a case-by-case basis. Requests require confirmation by the practitioner that the below criteria have been met.

In supporting this request, I confirm:

[ ]  I have undertaken a review of the counselling support already provided in collaboration with the person and identified benefits achieved.

[ ]  A comprehensive assessment has been conducted in collaboration with the person to identify current difficulties and impacts of institutional child sexual abuse to be addressed.

|  |  |
| --- | --- |
| Counselling and psychological care provider name and ABN ­­­­­­­­­­­­­­­­­­­ |  |
| Unique Redress ID to which the request relates |  |
| Number of additional CPC hours requested |  |

[ ]  A documented detailed counselling plan, identifying areas of focus and therapeutic support to be provided, has been developed and agreed on in collaboration with the person*.*

### Verified by the counselling and psychological care practitioner.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Verified by the person receiving the counselling or psychological care.

I confirm that the practitioner has completed the above requirements and I agree with the request for additional hours.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email this request to redresscounselling@dcssds.qld.gov.au

*The outcome of this request will be provided by reply email.*