

## ACCREDITATION REVIEWS FOR SUPERVISORS IN ANZACPE

### REQUEST FOR REVIEW

This Request Form replaces the [letter of support for application for review](#) as listed in the current ANZACPE Standards.

**Please note:** the change of timing for notifying the Chair of Professional Standards of the request for review – now **April 1<sup>st</sup> of the year of review.**

**Please refer to:** **STANDARDS AND PROCEDURES FOR ACCREDITATION AS SUPERVISORS IN ANZACPE** for minimum requirements for accreditation.

**REVIEW FEES:** Accreditation \$700.00      Re-accreditation: \$600.00

**NOTE:** These fees are inclusive of a **non-refundable \$50.00 Administration Fee which must accompany the request for review.** For details of payment options, contact the treasurer, Cathy Brown [cathy@brownclan.id.au](mailto:cathy@brownclan.id.au)

**NOTE: NZACPE & SANTACPE** fees are calculated according to the number of their members on the review committee. Please check with the **Chair, Professional Standards** on request for review.

**Association:**

**Type of review:** Accreditation, Re-accreditation

**Level of Review:** Level 2, Level 3

**Location of Review:** ANZACPE Conference or alternative timing/location.

**Title & Name of Candidate for review:**

**Faith Group Affiliation:**

**Postal Address:**

**Email Address:**

**Phone:**

**Mobile:**

**Verification of the candidate having met minimum requirements for ANZACPE review:**

**Number of years functioning at current level:**

**Any special requests or points to note regarding this review:**

**Association Committee Members (max. 3) nominated by the Association (and having accepted nomination):**

**Title and Name:**

**Accreditation Level:**

**Faith Group Affiliation:**

**Proposed Role on Committee: (Chair, Presenter, Member)**

**Postal Address:**

**Email Address:**

**Phone:**

**Mobile:**

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**Title and Name:**

**Accreditation Level:**

**Faith Group Affiliation:**

**Proposed Role on Committee**

**Postal Address:**

**Email Address:**

**Phone:**

**Mobile:**

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**Title and Name:**

**Accreditation Level:**

**Faith Group Affiliation:**

**Proposed Role on Committee**

**Postal Address:**

**Email Address:**

**Phone:**

**Mobile:**

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**Association office bearer making request (if a different person to the one receiving the post review report, please indicate, including the person's details)**

**Name:**

**Role Title (Secretary, Chair R&C Committee etc.):**

**Email Address:**

**Mobile:**