

The information collected on this form is provided to persons who may be eligible to receive funding for counselling through the Victim Quick Response Program+. VQRP+ does not endorse specific counsellors or counselling agencies.

Treatment Provider/Counsellor:	Surname	Given Name
Agency/Organization (if applicable):		
Billing Address:		
Appointment Location(s):	<input type="checkbox"/> Same as above <input type="checkbox"/> Alternative location below	
Accessible Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number: (include extension if applicable)		
Fax:		
Email Address:		
Contact method for communication with VQRP+ (may including sharing of private client information):	Phone: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hourly Fee (including HST):	Adult: Individual Counselling \$ Group Counselling \$ Child: Individual Counselling \$ Group Counselling \$	
CRA Business #:		
Days/Hours of Service:	<input type="checkbox"/> All Weekdays from _____ to _____ <input type="checkbox"/> Monday from _____ to _____ <input type="checkbox"/> Tuesday from _____ to _____ <input type="checkbox"/> Wednesday from _____ to _____ <input type="checkbox"/> Thursday from _____ to _____ <input type="checkbox"/> Friday from _____ to _____ <input type="checkbox"/> Saturday from _____ to _____ <input type="checkbox"/> Sunday from _____ to _____	

Languages of Service:	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (list all)		
Year Practice Commenced:			
Education:	<table><thead><tr><th data-bbox="638 354 1117 401">Degree(s)</th><th data-bbox="1117 354 1546 401">Year(s) Obtained</th></tr></thead></table>	Degree(s)	Year(s) Obtained
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Trauma Informed Training:	<table><thead><tr><th data-bbox="638 491 1117 537">Course(s)</th><th data-bbox="1117 491 1546 537">Year(s)</th></tr></thead></table>	Course(s)	Year(s)
Course(s)	Year(s)		
Professional Registration:	<input type="checkbox"/> College of Nurses of Ontario # _____ <input type="checkbox"/> College of Occupational Therapists of Ontario # _____ <input type="checkbox"/> College of Physicians and Surgeons of Ontario # _____ <input type="checkbox"/> College of Psychologists of Ontario # _____ <input type="checkbox"/> College of Registered Psychotherapists of Ontario # _____ <input type="checkbox"/> Ontario College of Social Workers and Social Service Workers # _____ <input type="checkbox"/> Not registered with one of the above Ontario professional colleges		
Other Professional Association Memberships: (not listed under Professional Registration)			
Service Types:	<input type="checkbox"/> Individual Counselling <input type="checkbox"/> Children (under 12) <input type="checkbox"/> Group Counselling <input type="checkbox"/> Youth (12-17) <input type="checkbox"/> Telephone Counselling <input type="checkbox"/> Adult (Over 18) <input type="checkbox"/> E-Counselling <input type="checkbox"/> Other		
Area(s) of Specialization:	<input type="checkbox"/> Trauma Counselling <input type="checkbox"/> Adult Mental Health <input type="checkbox"/> Family Violence <input type="checkbox"/> Children/Youth Mental Health <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Other: <input type="checkbox"/> Bereavement		

Vulnerable Sector Check (VSC):	<input type="checkbox"/> Yes Date Completed: Date next VSC required:
Professional Liability Insurance:	<input type="checkbox"/> Yes
Other Information	

Notice of Collection of Personal Information
<p>Personal information collected in this form will be used by the Ministry of the of Children, Community and Social Services, the Service Delivery Organization and their authorized representatives, or as otherwise required by law, for the purpose of assisting with the administration of the Victim Quick Response Program+. The information collected on this form may be disclosed to persons who may be eligible to receive funding for counselling through the Victim Quick Response Program+ in order to assist them to select a counsellor/service provider.</p> <p>Personal information is collected under the authority of section 5(4) of the <i>Victims' Bill of Rights, 1995</i> and section 6(a) of the <i>Ministry of Community and Social Services Act</i>. If you have any questions about the collection and use of your information, please contact the Victim Quick Response Program+ at: Victim Quick Response Program+ 375 University Avenue, 5th Floor, Toronto ON M7A 1G1 Phone: 416-326-2546; toll free: 1-866-320-3350</p>

Declaration and Consent
<p>I, _____, declare that the information I have provided on this form is complete and accurate to the best of my knowledge, belief and information.</p> <p>By signing this declaration I agree, acknowledge, confirm, and consent to the following:</p> <ul style="list-style-type: none"> • I consent to the collection, use and disclosure of my personal information for the purposes of the administration of VQRP+. • I will notify my local VQRP+ service delivery organization (SDO) within ten business days should there be any changes to the information provided in this <i>Counsellor Profile</i>, and provide an updated version, with amendments clearly highlighted. • I confirm that I have obtained a Vulnerable Sector Check (VSC), which I have provided to the local VQRP+ SDO to review and verify my eligibility to provide VQRP+ counselling services. I agree to renew and provide the local SDO an updated VSC at a minimum every 3 years. • I confirm that I have and will maintain professional liability insurance coverage and agree to provide proof of that insurance upon request. • I will ensure that reasonable measures have been put in place to secure and protect the confidentiality of VQRP+ clients and their personal information. This includes keeping VQRP+ client information secure at all

times, not releasing any information without the consent of the client or except as required by law, and using the VQRP+# in lieu of client name on *all* Program related communications.

- I agree to apply a trauma-informed approach to when providing counselling services, and to act in a manner which minimizes the risk of re-traumatization.
- I will adhere to all of the VQRP+ Payment Terms and Conditions, and any amendments to these terms and conditions, including:
 - Refraining from commencing VQRP+ counselling/treatment prior to receiving Ministry approval.
 - Completing all services for a VQRP+ client within 10 months from the date of the initial approval letter, unless I have been pre-authorized to extend beyond this period.
 - Submitting invoices within 12 months of the counselling approval date, or within 2 months when a Notice of Revocation of counselling services has been received, unless I have been pre-authorized to extend beyond this period.
 - Submitting a unique invoice for each VQRP+ client.
 - Refraining from billing HST over the maximum approval amount, which is inclusive of HST, and applying any eligible HST exemptions in accordance with the *Canadian Excise Tax Act*.
 - Refraining from submitting invoices for missed appointments, cancellations, clinical assessments or administrative/preparation costs.
 - Completing the Counsellor Declaration Form and submitting it with each invoice.

I acknowledge that failure to comply with the above conditions may result in non-payment for services rendered or disqualify me from receiving funding through the VQRP+.

Counsellor Name (printed):	
Counsellor Signature:	
Date:	

Witness Name (printed):	
Witness Signature:	
Date:	