FORM VI

See Rule II (I)

FORM FOR REGISRATION AS SERVICE PROVIDERS UNDER SECTION 10(1) OF THE PROTECTION OF WOMEN FROM DOMESTIC

VIOLENCE ACT, 2005

1. Name of applicant :
2. Address along with phone number :

e-mail address if any

1. : Services being rendered : Shelter

: Psychiatric counselling

: Family counselling

: Vocational Training Centre

: Medical Assistance

: Awareness programme

Counselling for a group of people who are

victims of domestic violence and family

disputes

: Any other, specify

1. Number of persons employed :

for providing such services

1. Whether providing the required services in

your institution required certain statutory :

minimum professional qualification? If yes

specify and give details

1. Whether list of names of persons and the

Capacity in which they are working and their : Yes/No

Professional qualification is attached?

1. Period for which the services are being

Rendered : 3 years

: 4 years

: 5 years

: 6 years

: More than 6years

1. Whether registered under any law/

Regulation : Yes/No

If Yes, give the Registration Number :

1. Whether requirements prescribed by any

regulatory body or law fulfilled? : Yes/No

If Yes, the name and address of the

Regulatory body

Note:- In case of a shelter home, details under column 10 to 18 are to be entered by registering authority after inspection of the shelter home.

1. Whether they in adequate space in the

Shelter home : Yes/No

1. Measured area of the entire premise :
2. Number of rooms :
3. Area of the rooms :
4. Details of security arrangement available :
5. Whether a record available for maintaining

functional telephone connection for the

use of inmates for the last 3 years :

1. Distance of the nearest dispensary clinic

Medical facility

1. Whether any arrangement for regular visits

By a medical professional has been made? : Yes/No

Professional :

Address :

Contact number :

Qualification :

Specialization :

1. Any other facilities available

Specify

Note:-In case of a counselling centre, details under column 19 to 25 are to be entered after inspection by registering authority. :

1. Number of counsellors in the centre :
2. Minimum qualification of the counsellors, specify

Under graduate Graduate Post graduate

Diploma holder Professional Degree

Any other, specify

1. Experience of the counsellors

Less than a year 1 Year 2 years

3 years more than 3 years

1. Professional qualification/experience of counsellors

Professional degree

Experience in family counselling as a ..................................designation in the ............................(Name of the organization)

Experience in psychiatric counselling as ............................(designation.....................................) in the ...............................(name of the organization)

Any other relevant experience, please specify

1. Whether a list of names of counsellors along with their qualification has been annexed

Yes/No

1. Type of counselling provided:

Supportive one-to-one counselling

Cognitive behavioural therapy (CBT) (Mental process that people use to remember reason, solve problems and judge things)

Providing counselling to group of people suffering

Family counseling

1. Facilities provided

Offering personal professional and confidential counselling sessions

A safe environment to discuss problems and express emotions

Information on counselling services support groups and mental health care resources

One-to-ne counselling and group work

Therapies, ongoing counselling and health related support

Any other please, specify

C Any other service

1. Services being provided
2. Personnel appointed
3. Statutory minimum qualifications required for providing such service
4. Whether a list of names of Personnel engaged for providing service along with professional qualification is annexed

Yes No

1. Any other details which the service provider desirous of registration may provide

................................If necessary continue on a separate sheet.

Place

Date Signature of authorised official

Designation

(Seal)