

PRIVATE & CONFIDENTIAL

ADDICTION COUNSELLORS OF IRELAND ACCREDITED MEMBERSHIP **SUPERVISOR'S REPORT for ADDICTION WORKER**

Notice to Supervisor: You are advised to read the applicant's completed application form and the Addiction Counsellors of Ireland Code of Ethics for Addiction Workers prior to completing this form

1. SUPERVISOR'S PERSONAL DETAILS

Name _____

Address _____

Phone _____

Email _____

Qualifications _____

Supervisor's Accrediting Body

Addiction work experience

Experience as a Supervisor

2. APPLICANT PERSONAL DETAILS

Name _____

Address _____

Phone _____

Email _____

How long have you been supervising the applicant?

Individually from: _____ to: _____

In a group from: _____ to: _____

How often do you meet the applicant for supervision?

Weekly Fortnightly Monthly

Length of session?

1 hour 1½ hours 2 hours

What is the method/model of your supervision? e.g. Case notes/review of sessions/counselling in presence of supervisor/use of video tape recording etc.

Do you consider the applicant to have sufficient training and experience for Addiction Worker?

Do you consider that the applicant has sufficient self-knowledge and discipline to be an able and responsible Addiction Worker?

Do you consider the applicant to have shown competency and necessary skills?

What do you consider makes the applicant a competent Addiction Worker?

Are you satisfied that the applicant will adhere to the Addiction Counsellors of Ireland's Code of Ethics for Addiction Counsellors?

Do you believe the applicant is committed to on-going personal development?

Is there any reason, in your opinion, why the applicant should not be accredited as an Addiction Worker by ACI or Membership renewed at this time?

Any other comments?

Signature of Supervisor

I confirm that I have read the applicant's application for accreditation as an Addiction Worker. It is, to the best of my knowledge, accurate:

Signed _____ Date ____ / ____ / ____

Signature of Applicant

Signed _____ Date ____ / ____ / ____