

**PRIVATE & CONFIDENTIAL**  
**Addiction Counsellors of Ireland**

**ACCREDITED MEMBERSHIP APPLICATION FORM**

To assist with your application please refer to Membership Criteria

**1. PERSONAL DETAILS**

Name \_\_\_\_\_

Pre-Accredited Member No \_\_\_\_\_ Date Pre-Accredited \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please note, if already Pre-Accredited, there is no need to re-submit documentation previously submitted with Pre-Accreditation application*

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact No. \_\_\_\_\_

Email \_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_

Which address do you wish us to use in writing to you? Home  Work

Do you wish for your personal contact details to be listed on the 'Find a Counsellor Directory' on our website?  
Yes  No

**FOR OFFICE USE ONLY**

Date Application Received \_\_\_\_\_

Processing fee included/amount \_\_\_\_\_

Date accreditation meeting \_\_\_\_\_

Accreditation decision \_\_\_\_\_

Membership Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2. EDUCATION/TRAINING

2.1 Core Addiction Counselling Course Title \_\_\_\_\_

\_\_\_\_\_

Name & Address of Training Institute \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration of Course From \_\_\_\_\_ To \_\_\_\_\_

Full time  Part time

2.2 Qualifications Received Minimum QQI Level 8 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- *Attach copies of same*

## 3. PRIOR LEARNING

3.1 Submit verification of all education study courses completed prior to completion of core addiction training course and provide relevant photocopies

3.2 List and verify experience gained either in individual or group process

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#### **4. COUNSELLOR TRAINEE SUPERVISED HOURS**

4.1 Give details of client work i.e. supervised addiction counselling during work practice

- a. Nature of placement \_\_\_\_\_
- b. Was supervision in place?      Yes  No
- c. Number of counselling hours completed \_\_\_\_\_

*Total number of hours practicing Addiction Counselling under supervision - 400 hrs is required*

	Please Tick	No. of Hrs per Month
Group Work	<input type="checkbox"/>	<input type="text"/>
<i>Can be 25% (1 in 4) of the 400 hrs required</i>		
1:1	<input type="checkbox"/>	<input type="text"/>

*Must be 75% of the 400 hrs required*

d. Name of Supervisor during supervised addiction counselling practice

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e. Supervisor Accredited by the following organisation(s)

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Nature of Supervision \_\_\_\_\_

Verification of Supervision \_\_\_\_\_

f. Completion of Supervisor Report

**5. POST TRAINING: WORK EXPERIENCE IN COUNSELLING ADDICTION SETTING**

Tick as appropriate and give supporting details in the panel below

400 hrs of counselling in addiction setting

400 hrs of voluntary hours may be considered providing the organisation is acceptable to the Addiction Counsellors of Ireland Constitution and Code of Ethics and Practice

**Validate all hours**

FROM	TO	NAME OF ORGANISATION & TITLE OF POST	WORK HISTORY i.e. individual /group experience	SUPERVISED HOURS


- *Letters of endorsement from past/current employers*

5.2 Indicate various approaches used in Supervision i.e.

a. Review of sessions \_\_\_\_\_

\_\_\_\_\_

b. Role Play \_\_\_\_\_

\_\_\_\_\_

b. Tape recording of sessions \_\_\_\_\_

\_\_\_\_\_

- *Supply Supervisors reports for all work since training was completed*

## 6. PERSONAL THERAPY

A minimum of 50 hrs is required of which 50% may be achieved through therapeutic group process. Please provide a letter confirming the completion of personal development, including written verification from an appropriate Counsellor or Group Facilitator

a. Individual personal process Hours \_\_\_\_\_

b. Therapeutic Group process Hours \_\_\_\_\_

## 7. ONGOING PROFESSIONAL DEVELOPMENT

Outline your ongoing Professional Development Plan



***I understand that my application may need to be reviewed by scanning my application (password protected) to Accreditation Committee members, therefore I give my permission, please tick***

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IMPORTANT information to note:**

- Same supervisor 12 months prior to applying for Accreditation
- You must be a fully paid Pre-Accredited Member for 12 months before applying for full Accreditation