

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland

ACCREDITED MEMBERSHIP RENEWAL APPLICATION

Name _____

Address _____

Contact Num _____

Email _____

Membership No _____

Membership Category Active Inactive

(Please see policy on Inactive Membership)

Professional Development / Continuing Education in the past 12 months (30 credits min)

Are you covered by Professional Indemnity Insurance? Yes No

(Please attach photocopy of Certificate of Insurance and /or note from Employer)

Clinical Supervision

Please provide a current letter from your Clinical Supervisor confirming ongoing supervision. This letter should include verification of the supervision arrangement, and your supervisor may be contacted for further confirmation. If you are employed by HSE or another agency where you are insured, and you are undertaking private work, this work must be supervised by an accredited Addiction Counsellors of Ireland Clinical Supervisor or a recognised accredited Supervisor with appropriate insurance in place.

- I subscribe to the Addiction Counsellors of Ireland Code of Ethics for Counsellors & the Articles of Association Yes No

- I agree to receive emails from Addiction Counsellors of Ireland CLG, in accordance with the General Data Protection Regulation (GDPR). I understand that this consent is required in order to receive my Certificate, receipt, and general email updates from the organisation

The €200.00 Active Membership, or €100.00 Inactive Membership fee is due by 31st July. Membership will lapse if not received by closing date

Payment to the Addiction Counsellors of Ireland - NOT ACI - can be made via cheque, postal order, or electronic payment.

Bank details for electronic payment:

Account Name	Addiction Counsellors of Ireland
Bank Name	AIB
Account Num	11143156
IBAN	IE93 AIBK 9321 7511 1431 56
BIC/SWIFT Code	AIBKIE2D
NCS	93 21 75

IMPORTANT: Please include your name or Membership number on all electronic payments and retain the receipt for your records

Signed _____ Date ____ / ____ / ____

CHECKLIST: Please ensure you've included your membership fee, documentation confirming 30 CPD credits, Clinical Supervisor letter, and proof of current Professional Indemnity Insurance (PII).