

## **PRIVATE & CONFIDENTIAL**

## **Addiction Counsellors of Ireland**

## SUPERVISORS REPORT for ADDICTION WORKER MEMBERSHIP

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

1.	SUPERVISOR'S PE	RSONAL DETAILS	
Name			
Addres	SS		
Conta	ct No.		<u> </u>
Email			<u></u>
Qualifi	ications		
Superv	visor's Accrediting Bod	У	
·			
Addict	ion Work Experience		
Experi	ence as a Supervisor		



2.	APPLICANT'S PER	SONAL DETAILS					
Name							
Addres	SS						
3.	How long have yo	u been supervisii	en supervising the applicant?				
	Individually	from		to			
	In a group	from		to			
4.	How often do you	meet the applica	nt for supervision?				
	Weekly	Fortnightly	Monthly				
	Length of session?						
	1hour	1½ hours	2 hours				
5.				case notes/review of video tape recording o	etc.)		
6.	Do you consider to Accreditation?	he applicant has	sufficient training a	nd experience for Add	iction Worker		



7.	Do you consider that the applicant has sufficient self-knowledge and discipline to be an able and responsible Addiction Worker?
8.	Do you consider the applicant has shown competency and necessary skills?
9.	What do you consider makes the applicant a competent Addiction Worker?
10. Addi	Are you satisfied that the applicant will adhere to ACI Code of Ethics and Practice for ction Workers?
11.	Do you believe the applicant is committed to on-going personal development?
12.	Is there any reason, in your opinion, why the applicant should not be accredited as an Addiction Worker by ACI or have their membership renewed at this time?



13.	Any other comments?
Signa	ature of Supervisor
	firm that I have read the applicant's application for accreditation as an Addiction Worker. It is, to the of my knowledge, accurate.
Signe	ed
Date	
Signa	ature of Applicant
Signe	ed
Date	