

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland

PRE-ACCREDITED MEMBERSHIP APPLICATION FORM
To assist with your application please refer to Membership Criteria

1. PERSONAL DETAILS

Name _____

Membership No _____

Address _____

Contact No. _____

Email _____

1. **Nature of Employment** _____

2. **Name of Training Course** _____

3. **Date of Course Completion** _____

4. **Submit copy of course content**

5. **Submit a letter from Training Institute verifying current status**

6. **Submit Supervisors Report during training**

7. **Submit proof of 50 hrs personal therapy**

8. **Name & accredited status of Supervisor** _____

DECLARATION

- I hereby apply to the Addiction Counsellors of Ireland for Pre-Accredited membership
- I agree to adhere to the Code of Ethics for Counsellors
- I enclose photocopies of all relevant documentation mentioned in this application
- I include relevant Supervisors Reports from supervisors during training
- I enclose a letter verifying engagement of Personal Therapy
- I enclose a non-refundable processing fee of €100

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