

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

**PRE-ACCREDITED MEMBERSHIP RENEWAL APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Num \_\_\_\_\_

Email \_\_\_\_\_

Membership No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 wish to renew my Pre-Accredited Membership with the Addiction Counsellors of Ireland  
Yes
- Are you covered by Professional Indemnity Insurance?      Yes  No   
*(Please attach photocopy of Certificate of Insurance and /or note from Employer)*
- I have read the Addiction Counsellors of Ireland's Code of Ethics for Counsellors, and I agree to adhere to its guidelines      Yes  No

Pre-Accredited Membership Renewal

- I have read the Addiction Counsellors of Ireland Constitution, and I agree to adhere to its guidelines    Yes        No
- I agree to receive emails from the Addiction Counsellors of Ireland, in accordance with the General Data Protection Regulation (GDPR). I understand that this consent is required to receive my Certificate, receipt, and general email updates from the organisation    Yes

The €150.00 Pre-Accredited 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:

<b>Account Name</b>	Addiction Counsellors of Ireland
<b>Bank Name</b>	AIB
<b>Account Num</b>	11143156
<b>IBAN</b>	IE93 AIBK 9321 7511 1431 56
<b>BIC/SWIFT Code</b>	AIBKIE2D
<b>NCS</b>	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 hours of ongoing Professional Development, Clinical Supervisor letter, and proof of current Professional Indemnity Insurance (PII)