

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland CLG

ADDICTION WORKER SUPERVISOR APPLICATION

To assist with your application please refer to the Addiction Worker Supervisor Criteria document

PERSONAL DETAILS

Name _____

Address _____

Phone _____

Email _____

Work Address _____

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

FOR OFFICE USE ONLY

Date Application Received _____

Processing fee included/amount _____

Date accreditation meeting _____

Accreditation decision _____

Membership Number _____

Signed _____ Date ____ / ____ / ____

1. Nature of Employment

2. Dates of Employment in Addiction Worker Role

3. Name of NFQ Level 7 / Level 8 Training Course completed

4. Date of course completion

5. Please provide evidence of Theoretical Study in the following area's either through your course with additional Professional Development Courses:

- Process of Addiction, Theories of Addiction and Models of Treatment, Understanding Harm Reduction.
- Community development approaches to substance misuse issues and understanding the role of voluntary/statutory and community responses.
- Keyworking / Project work / Outreach work skills.
- Process addictions i.e. sex, pornography, gambling, etc.
- Relapse prevention.
- Confidentiality – consent and information sharing.
- Reflective Practice – models and application
- Self-Care – Understanding and techniques

Please provide evidence of Skills development and practice in a minimum of two recognised approaches relevant to the role, e.g. Motivational Interviewing / Community Reinforcement Approach / SMART Recovery / Trauma Informed Practice / Family Support 5-Step Model / Community Reinforcement Approach / Understanding and conducting initial and comprehensive assessments / Developing, Monitoring & reviewing care plans

DECLARATION

- I hereby apply to the Addiction Counsellors of Ireland (ACI) for Addiction Worker Supervisor accredited membership
- I agree to adhere to the Code of Ethics & Constitution of ACI
- I enclose photocopies of all relevant documentation mentioned in this application
- I include relevant Supervisors Reports
- 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 ____/____/____