

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

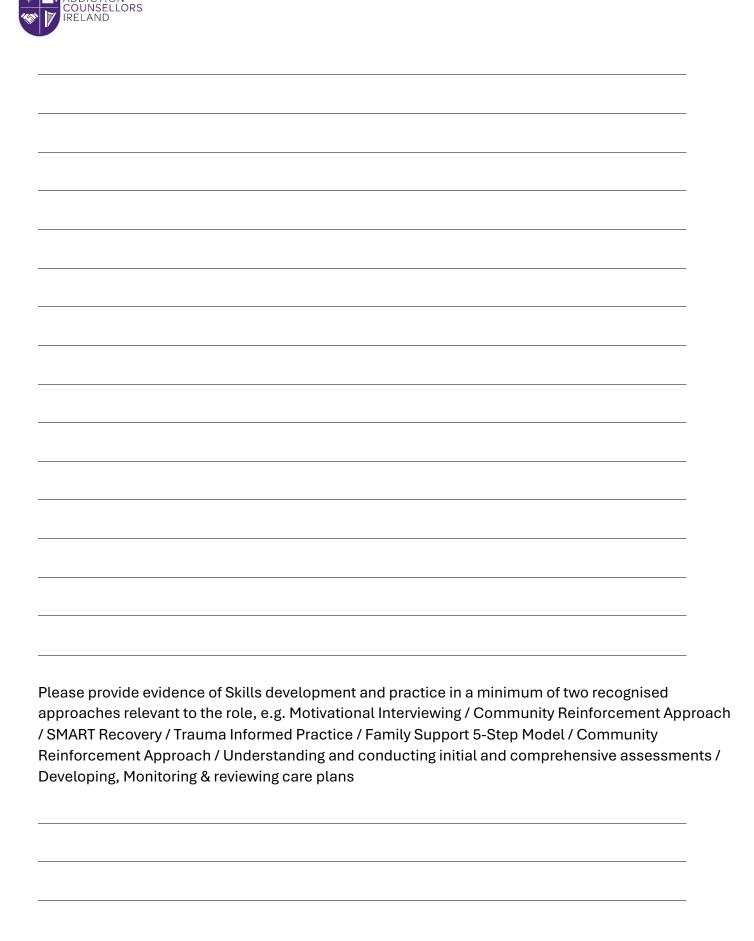
PERSONAL DETAILS

Name				
Address				
Phone			<u></u>	
Email			<u> </u>	
Work Address				
Which address do you wish us to use in	n writing to you?	Home \square	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



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DECLARATION
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 \Box
Signed
Witness

Date ____/___/