

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland

CLINICAL SUPERVISOR MEMBERSHIP APPLICATION FORM

To assist with your application please refer to the Clinical Supervisor section in the Membership Criteria document

PERSONAL DETAILS

Name _____

Address _____

Contact No. _____

Email _____

Work Address _____

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

Do you wish for your personal contact details to be listed on the 'Find a Counsellor Directory' on our website?
Yes No

All information given will determine whether your application will be considered for inclusion in the recognised Addiction Counsellor of Ireland Clinical Supervisor's register. Therefore, it is important to be as informative as possible. Use extra sheets if necessary.

FOR OFFICE USE ONLY

Date Application Received _____

Processing fee included/amount _____

Date accreditation meeting _____

Accreditation decision _____

Membership Number _____

Signed _____ Date ____ / ____ / ____

4. Details of your present Supervision as a Counsellor

Name of Clinical Supervisor while training _____
Submit Clinical Supervisor report

Name of current Clinical Supervisor _____
Submit Clinical Supervisor report

Do you provide Group Supervision? Yes No

Do you provide one to one Supervision? Yes No

5. In addition to the 100 hrs core training, applicants are required to complete 50 hrs clinical work as a Clinical Supervisor within the duration of the course. Please provide evidence of the completion of these hours

6. Describe your philosophy approach to Supervision

DECLARATION

- I have read the criteria for Clinical Supervisor Membership
- I hereby apply to the Addiction Counsellors of Ireland (ACI) for Clinical Supervisor Membership
- I agree to adhere to the Code of Ethics & Constitution of ACI
- I enclose photocopies of all relevant documentation mentioned in this application, outline of course contents, workshops attended etc
- I enclose written verification of my Supervision
- I enclose a non-refundable processing fee of €100

Signed _____

Witness _____

Date ____ / ____ / ____