

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland

CLINICAL SUPERVISOR MEMBERSHIP RENEWAL APPLICATION

Name _____

Address _____

Contact Num _____

Email _____

Membership No _____

Are you familiar with the Code of Practice for Clinical Supervisors? Yes No

Are you professionally insured? Yes No

Please attach photocopy of Certificate of Insurance and/or note from your Employer indicating same

Please submit a letter from your current Clinical Supervisor (i.e. an accredited Addiction Counsellors of Ireland Supervisor or a recognised accredited Clinical Supervisor) indicating on-going supervision. Your Clinical Supervisor may be contacted for verification

I agree to receive emails from Addiction Counsellors of Ireland CLG, in accordance with the General Data Protection Regulation (GDPR). I understand that this consent is required in order to receive my Certificate, receipt, and general email updates from the organisation

€125.00 Clinical Supervisor 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:

Account Name	Addiction Counsellors of Ireland
Bank Name	AIB
Account Num	11143156
IBAN	IE93 AIBK 9321 7511 1431 56
BIC/SWIFT Code	AIBKIE2D
NCS	93 21 75

Clinical Supervisor Membership Renewal, Aug 2024

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, letter from current Clinical Supervisor, evidence of Professional Indemnity Insurance