

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland CLG

ADDICTION WORKER ACCREDITED MEMBERSHIP APPLICATION FORM

To assist with your application please refer to Addiction Worker Criteria, Addiction Worker Code of Ethics,
and ACI's Constitution

1. PERSONAL DETAILS

Name _____

Date of Birth _____

Address _____

Contact No. _____

Work Address _____

Email _____

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

FOR OFFICE USE ONLY

Application received, date _____

Processing fee included & amount _____

Date accreditation meeting _____

Accreditation decision _____

Membership number _____

Membership subscription paid _____

Signed _____ Date ____ / ____ / ____

2. EDUCATION/TRAINING

2.1) Core Addiction Studies Course title _____

Addiction Worker Application Form, Aug 2024

5.1) Have you engaged in Supervision as required (minimum 1 hour per month of practice)

Yes No

5.2) Name of Supervisor _____

5.3) Please provide details of who the Supervisor is accredited by

5.4) Have you a completed Supervisor Report Yes No

6. ONGOING PROFESSIONAL DEVELOPMENT

Outline your ongoing Professional Development Plan _____

DECLARATION

- I hereby apply to the Addiction Counsellors of Ireland (ACI) for Addiction Worker 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 ____ / ____ / ____