

## **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 & amo	ount			
Date accreditation meeting				
Accreditation decision				
Membership number				
Membership subscription paid	I			
Signed		Date	_//_	
2. EDUCATION/TRAIN	ING			
2.1) Core Addiction Studies Co	ourse title			

Addiction Worker Application Form, Aug 2024

Addiction Counsellors of Ireland, Denshaw House, 120 / 121 Baggot Street Lower, D02 FD45 01 797 9187 • info@addictioncounsellors.ie • www.addictioncounsellors.ie

	ADDICTION COUNSELLORS IRELAND
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Name & Address of Training Institute			
Duration of Course	From		То
	Full-time	Part-time	
2.2) Qualifications Received		 	
Please ensure to attach copi	ies of same)		

#### 3. PRIOR LEARNING

3.1) Submit verification of all relevant education / training courses completed prior to or since completion of core addiction training course and provide relevant photocopies.

3.2) List and verify experience gained either in individual or group process

#### 4. ADDICTION WORKER PRATICE HOURS

4.1) Give details of addiction work practice to date.

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4.2) Total number of hours practicing in Addiction Worker role – minimum of 1500 hours is required

#### Please Validate all hours

FROM	ТО	NAME OF ORGANISATION & TITLE OF POST	WORK HISTORY i.e. individual /group experience	SUPERVISED HOURS

#### Please include letters of endorsement from past/current employers

4.3) Was supervision in place? Yes  $\Box$  No  $\Box$ 

5. SUPERVISION

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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 🗆		
<b>6.</b>	ONGOING PROFESSIONAL DEVELOPMENT		
Outlin	e 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 $\square$

Signed \_\_\_\_\_

Addiction Worker Application Form, Aug 2024



Witness \_\_\_\_\_

Date \_\_\_\_/\_\_\_/\_\_\_\_/