

**PRIVATE & CONFIDENTIAL**  
**Addiction Counsellors of Ireland**

**CLINICAL SUPERVISOR MEMBERSHIP RENEWAL APPLICATION**

Membership No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Num \_\_\_\_\_

Email \_\_\_\_\_

Membership Card

Membership cards are issued once all renewals are received and processed, normally in early Autumn. We will use the headshot you provided last year unless you request otherwise. If you would like us to use a new photo, please email a recent headshot (saved as a JPEG) to [info@addictioncounsellors.ie](mailto:info@addictioncounsellors.ie). When taking your photo, please use a plain background (e.g. a white or light grey wall) to ensure you are the focus of the image.

- I wish to renew my Clinical Supervisor Membership with the Addiction Counsellors of Ireland  
Yes
- I have supplied a new headshot    Yes     No
- Are you covered by Professional Indemnity Insurance?                      Yes     No   
*(Please attach photocopy of Certificate of Insurance and /or note from Employer)*
- I have read the Addiction Counsellors of Ireland Constitution, and I agree to adhere to its guidelines    Yes     No
- Are you familiar with the Code of Practice for Clinical Supervisors?                      Yes     No
- I agree to receive emails from the Addiction Counsellors of Ireland, in accordance with the General Data Protection Regulation (GDPR). I understand that this consent is required to receive my Certificate, receipt, and general email updates from the organisation                      Yes     No



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:

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

**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 / Clinical Supervisor letter / Proof of current Professional Indemnity Insurance (PII) / Headshot (if resending)