

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland

PRE-ACCREDITED MEMBERSHIP RENEWAL APPLICATION

Membership No _____

Name _____

Address _____

Contact Num _____

Email _____

Professional Development / Continuing Education undertaken in the past 12 months (30 hours min)

Clinical Supervision

Please provide a current letter from your Clinical Supervisor confirming ongoing supervision. This letter should include verification of the supervision arrangement, and your supervisor may be contacted for further confirmation. If you are employed by HSE or another agency where you are insured, and you are undertaking private work, this work must be supervised by an accredited Addiction Counsellors of Ireland Clinical Supervisor or a recognised accredited Supervisor with appropriate insurance in place.

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. 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 have supplied a new headshot

Yes ☐ No ☐

Pre-Accredited Membership Renewal

- I wish to renew my Pre-Accredited Membership with the Addiction Counsellors of Ireland
Yes ☐
- 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's Code of Ethics for Counsellors, and I agree to adhere to its guidelines Yes ☐ No ☐
- I have read the Addiction Counsellors of Ireland Constitution, and I agree to adhere to its guidelines 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 ☐

The €150.00 Pre-Accredited 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

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 / Documentation confirming 30 hours of ongoing Professional Development / Clinical Supervisor letter / Proof of current Professional Indemnity Insurance (PII) / Headshot (if resending)