

**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

**2. EDUCATION/TRAINING**

2.1) Core Addiction Studies Course title \_\_\_\_\_

\_\_\_\_\_

Name & Address of  
Training Institute \_\_\_\_\_

\_\_\_\_\_

Duration of Course From \_\_\_\_\_ To \_\_\_\_\_

Full-time  Part-time

2.2) Qualifications Received \_\_\_\_\_

\_\_\_\_\_

(Please ensure to attach copies of same)





## 6. ONGOING PROFESSIONAL DEVELOPMENT

Outline your ongoing Professional Development Plan \_\_\_\_\_

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## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_