Name of applicant: Click here to enter text.

Contact details
Telephone: Click here to enter text.

**Email Address:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Are you a full individual member of Addiction Professionals?  |[ ] [ ]
| If yes, please give membership number here: Click here to enter text.If no, are you an associate member (covered by an affiliated agency)? If yes, please specify here:Click here to enter text.[NB - this scheme is open only to full and associate members] |

**Compulsory units**

Using the table of evidence below, please specify the type/s of evidence you are submitting re. your competence in the 9 compulsory units' (see 'notes' below for an example of how to complete this).

|  |  |
| --- | --- |
|  **Unit** |  **Evidence details** |
| SCDHSC 0031 | Click here to enter text. |
| SCDHSC 0032 | Click here to enter text. |
| SCDHSC 0033 | Click here to enter text. |
| SCDHSC 0035 | Click here to enter text. |
| GEN 0036 | Click here to enter text. |
| SCDHSC 0233 | Click here to enter text. |
| SCDHSC 3111 | Click here to enter text. |
| DANOS AB5.2014 | Click here to enter text. |
| DANOS AF2.2012 / AF3.2014\* [\* delete as applicable] | Click here to enter text. |

**Optional unit**

Using the table of evidence below, please identify the 'specialist’ optional unit in your application and specify the type/s of evidence you are submitting re. your competence in this.

|  |  |
| --- | --- |
|  **Unit** |  **Evidence details** |
| Click here to enter text. | Click here to enter text. |

Drug & Alcohol Professional Certification

Application Form

**Declaration**

*I attach copies of qualification certificates (endorsed by my line manager / supervisor) and Workplace Assessment Reports, as applicable, demonstrating my competence in relation to each of the above units.*

*I attach a copy of the Workplace Assessment - Senior Manager Approval form, in support of any Workplace Assessment Reports.*

*I have read and agree to abide by* [*Addiction Professionals Standards of Conduct and Ethics*](https://www.addictionprofessionals.org.uk/Handlers/Download.ashx?IDMF=eb299740-1ea3-421d-94dc-6b37bbf99d4f)*.*

Signed: Click here to enter text. Date:Click here to enter a date.

**Submitting your application**

If you are applying direct to Addiction Professionals, the fee for Certification is £75 for three years - and applications should be returned, together with payment (by bank transfer) and all attachments, to

Addiction Professionals, Suite 277, 8 Shoplatch, Shrewsbury, Shropshire, SY1 1HF.

Bank details:

UNITY TRUST BANK

**Addiction Professionals**

Sort Code: 60-83-01. Account Number: 20438021

Please use ‘**ADAP Accreditation**’ as reference when making payment.

If you are applying through an affiliated agency, please submit your application to your relevant representative. **Do not send your application direct to Addiction Professionals**.

**Example**

|  |  |
| --- | --- |
|  **Unit** |  **Evidence details** |
|  DANOS AB5.2014 |  Workplace assessment & Diploma in Adult Social Care, Level 3 |
| DANOSAF2.2012/AF3.2014\* |  Workplace assessment only |

You must supply copies of relevant qualification certificates in support of your application where relevant. These must be counter-signed by your line manager / supervisor, endorsing their validity.

[“Professionally qualified” practitioners must let us have a validated copy of a UK practising certificate.]

Evidence of competence based on a workplace assessment should be provided using the appropriate 'Workplace Assessment Report' for the unit concerned and should be accompanied by a 'Workplace Assessment - Senior Manager Approval' form (see online).