1. **Name and contact details**

|  |  |
| --- | --- |
| **Name of applicant:** | Click here to enter text. |
| **Contact details:** | Address 1 Address 2 Address 3 Postcode |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **2. Are you a full individual member of Addiction Professionals?** |  |  |
| If yes, please give membership number here:  Click here to enter text. | | |
|  | **YES** | **NO** |
| **If no, are you an associate member (covered by an affiliated agency)?** |  |  |
| If yes, please specify here: [NB - this scheme is open only to full and associate members] Click here to enter text. | | |

1. **Compulsory units**

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

|  |  |
| --- | --- |
| **Unit** | **Evidence details** |
| SCDCPC311 | Click here to enter text. |
| SFHSS03 | Click here to enter text. |
| SCDLD556 | Click here to enter text. |
| ASTH416 | Click here to enter text. |
| CCSCCS17 | Click here to enter text. |
| SFHAB5 | Click here to enter text. |
| SFHAD1 | Click here to enter text. |
| SFHMH13 | Click here to enter text. |
| SCDHSC0427 | Click here to enter text. |

1. **Reflective piece**

Please write a 1,000 word reflective piece, addressing what you consider to be important in work with adult family members affected by a loved one’s substance use. You should cover areas such as attitude and approach; adapting your skills or knowledge from other fields to this area of work, and what models you use in your work with family members. You should make clear how you have adapted your approach to the family member as the primary beneficiary, and how you may have changed or learned from experience. Please also give us a sense of the kind of topics that you would typically cover with family members and what needs you find yourself supporting them with.

1. **Declaration**

*I attach copies of the Workplace Assessment Report, as applicable, demonstrating my competence in relation to each of the above units, and any relevant qualifications that provide evidence of competency.*

*I attach a copy of the Workplace Assessment - Senior Manager Approval form, in support of any Workplace Assessment Reports.* *I attach a copy of the reflective piece. I have read and agree to abide by* [Addiction Professionals Standards of Conduct and Ethics](https://www.smmgp-fdap.org.uk/Handlers/Download.ashx?IDMF=2a22311b-e7ce-45c0-90ff-87f80d59899e).

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

1. **Submitting your application**

**Fee:** The fee for Certification is £75.00 for 3 years.

If you are applying directly to AP applications should be returned, together with payment of £75.00 (via bank transfer) and all attachments.

Upload your application here: <https://we.tl/r-a0t6byi2vS>

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

**Bank details:**Account Name: Addiction Professionals. Sort Code: **60-83-01** Account Number: **20438021**

1. **Notes**

An example of how the table of evidence should be completed is given below:

|  |  |
| --- | --- |
| **Unit** | **Evidence details** |
| SCDCPC311 | *Workplace assessment.* |
| SFHSS03 | *Workplace assessment.* |