**NCAC RE-ACCREDITATION APPLICATION FORM**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title  (Mr, Mrs, Ms, *etc*) |  |
| First Name(s) |  |
| Last Name |  |
| Address |  |
| Country: |  |
| Postcode: |  |
| Telephone: |  |
| Email: |  |

**MEMBERSHIP**

|  |  |
| --- | --- |
| Membership number |  |

**INSURANCE**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| I confirm I have my own professional indemnity insurance - and attach a copy of my insurance certificate.  [Applicants in private practice should provide a copy of their certificate, those solely employed by an agency should attach confirmation of this countersigned by their employer, as per appendix 1.] |  |  |
| I am not currently practising - and am therefore not required to have my own insurance - but I understand that if I start practising again (full or part-time) I will arrange insurance and advise AP of my change in status. |  |  |

**CLINICAL SUPERVISON**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| I confirm I have received formal clinical supervision of at least 1.5 hours per month for the periods of counselling in which I have been practising since I was last accredited/re-accredited.  If the answer is **Yes**:  Please indicate the form(s) that your supervision has (have) taken e.g. peer, group, individual:    Please state briefly in what particular ways you think clinical supervision has influenced your counselling over the period in question:    If your answer is **NO**, you should write a covering letter explaining the reasons why this is the case.  ALL applicants: Please give details of your current clinical supervisor who may be asked to comment on your current practise, and standing in the counselling profession:  Title:  First name:  Last name:  Address:  Post code:  Telephone:  Email: |  |  |
| I am not currently practising and am therefore not required to have supervision. |  |  |

**Continuing professional development (CPD)**

**N.B.** CPD *is* still a requirement for those not practising.

|  |  |  |
| --- | --- | --- |
| CPD over the last 3 years  Please list (a) dates and details of meetings, workshops and courses etc you have attended since you were last accredited, and provide documentary evidence; (b) Other forms of education/training experience including books and articles you have read, research conducted, courses taught etc.  (See appendix 2 for further guidance) | Category | Hours |
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**Complaints**

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| --- | --- | --- |
|  | **YES** | **NO** |
| I confirm that I am not currently the subject of any professional complaint.  [If you are the subject of a professional complaint, please supply details on a separate sheet] |  |  |

**Please note that we do not ask for any special category data in this application,** for example information about your race, ethnic origin, politics religion or sexual orientation. If you chose to include this information in the application form, please be aware that members of the Assessment Board and members of staff will see this information. It will not be shared with any other organisation.

**Declaration**

|  |
| --- |
| I declare that to the best of my knowledge and belief the information provided here is correct and understand that my accreditation may be invalidated if any of it is found to be incorrect.  Signed Date: .  Print Name:  AP reserve the right to withdraw accreditation or membership in the event any of the information provided is subsequently found to be incorrect. |

**APPENDIX 1**

**INSURANCE FOR EMPLOYED STAFF**

For the protection of a practitioner’s clients AP deem it is essential that practitioners are covered for their professional liabilities.

If you work entirely on an employed basis, you may not need to have insurance of your own. However, we need to have this confirmed by you and your employer.

**Applicant**

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| --- |
| I confirm I am an employee of the organisation named below and do not carry out any private work. In the event I do take private clients or set up my own practice during my period of accreditation with AP, I will obtain separate Professional Liability Insurance to cover this.  Signed Date: .  Print Name: |

**Employer**

|  |
| --- |
| I, the undersigned, confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an employee of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is covered by us for any professional liability.  declare that to the best of my knowledge and belief the information provided here is correct and understand that my accreditation may be invalidated if any of it is found to be incorrect.  Signed Date: .  Print Name: .  Position: .  [Note - this should be completed by an authorised officer of the organisation.] |

**APPENDIX 2**

**CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

|  |  |
| --- | --- |
| You must provide evidence of continuing professional development (CPD) in at least three of the following categories during the period prior to your re-accreditation application.  A minimum total of **seventy-two** hours over the three years is required; **forty-eight** of which should fall under categories A and B, with a minimum of 24 being under category A. A combination of hours under categories C and D is expected for the remaining hours.  **Please note that membership of Mutual Aid groups will not be accepted as CPD.**  You must provide documentary evidence you have completed the hours being claimed (under categories A to C). This should either be in the form of a certificate (please note that hours claimed may be checked with the training provider) but if this is not practical it should be in the form of a letter from the training organisation concerned, or from your employer / supervisor at the time if they are able to validate the hours claimed. | |
| A | Face to Face Learning and Skills Development. Topics covered should be relevant to professional practice in the alcohol and drug field. They must include some practical elements and not solely have been delivered in lecture/seminar format. This must NOT be in the form of online courses or teaching on face to face courses. |
| B | On line Learning relevant to professional practice  Education evidence submitted must be from an institution deemed qualified to deliver such education. Topics covered should be relevant to professional practice in the alcohol and drug field. This may be covered by online courses including Premium CPD Membership webinars – please see note E |
| C | Attendance at Seminars and Conferences. Themes presented must have been relevant to professional practice in the alcohol and drug field. |
| D | Involvement in the professional development of others  This does not include the professional practitioner supervision of others. For example, areas deemed applicable are designing courses, facilitating courses, training sessions, speaking at conferences, writing articles relevant to professional practice in the field, research, encouraging the development of others through initiatives relevant to professional practice. For example, Premium CPD Membership Clinical and Research Updates. |
| E | **Reflective Statement on A, B, C and D 1000 words or more describing how your CPD has helped you to develop your work as an addictions counsellor and also how it might have complemented your own personal development.** |

**Additional information to support your application**

Practitioner Personal Development (PPD)

Commitment to human growth groups/self help groups, personal therapy, acquiring new skills relevant to professional practice (e.g. familiarisation with information technology), and time spent on retreats/sabbaticals.

**SENDING US YOUR APPLICATION**

### Please read the following notes before you send us your application

Applications for re-accreditation may be made in the three calendar months before accreditation expires, and in the calendar year following expiry. Successful re-applications will be dated as from the date of expiry of the previous accreditation period.

***Please send us****:*

* **Your completed original application form via our ‘We Transfer’ link:**[**https://we.tl/r-VHDIDV1gVh**](https://we.tl/r-VHDIDV1gVh)
* **Your fee for re-accreditation**\* (£100 non-refundable). Please email us if you would like an invoice at [membership@addictionprofessionals.org.uk](mailto:membership@addictionprofessionals.org.uk)
* Bank details are **Addiction Professionals Sort Code: 60-83-01 Account number: 20438021**. Please use ‘**NCAC Re-accreditation’** as reference when making a BACS payment.

**Or post your application package to Addiction Professionals Accreditation, using the address below. We will let you know that we have received your application**.

**We will not return your application. You should make a copy of your application for your own records.**

AP Accreditation Department

Suite 277, 8 Shoplatch, Shrewsbury, Shropshire, SY1 1HF

Email: [admin@addictionprofessionals.org.uk](mailto:admin@apcouncil.org.uk)

Web: [www.](http://www.apcouncil.org.uk)addictionprofessionals.org.uk

**\*This fee is correct at 26th March 2021.**

**From time to time we review our fees. Please check the website to find out the current fee.**