**Your details**

|  |  |
| --- | --- |
| AP member number: | Click here to enter text. |
|  |  |
| Title (Mr, Mrs, Ms, other): Click here to enter text. |
|  |
| First name(s): Click here to enter text. |
|  |
| Surname: Click here to enter text. |
|  |
| Address: Click here to enter text.Postcode: Click here to enter text. |
|  |
| Daytime phone number: Click here to enter text. |
|  |
| E-mail address: Click here to enter text. |
|  |
| May we contact you by e-mail? | Choose an item. |

How would you like your name to appear on any accreditation certificate we send you?

(For example, William Smith, W Alan Smith, and WA Smith)

|  |
| --- |
| Click here to enter text. |

**Complaints and refusals**

Please tick **YES** or **NO** to leave the correct answer showing

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **1)** Is there a formal complaint against you currently being investigated by us or any other relevant professional body? (If yes, see below) |[ ] [ ]
| **2)** Has any formal complaint made against you been upheld by us or any other relevant professional body? (If yes, please provide a copy of the details of the complaint and outcome from the relevant body.) |[ ] [ ]
| **3)** Have you been refused recognition, certification or accreditation by any relevant professional body? (If yes, please provide a copy of the details of the refusal from the body concerned.) |[ ] [ ]
| **4)** Have you applied for accreditation by AP previously? (If yes, please include a copy of your decision letter.) |[ ] [ ]
| 5) I confirm that I have made a BACS payment to the Addiction Professionals bank account UNITY TRUST BANK. Sort Code: 60-83-01 Account Number: 20438021Please use ‘**NCAC Accreditation’** as a reference when making a BACS payment.Please email us if you would like an invoice at membership@addictionprofessionals.org.uk  |[ ] [ ]
| **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 choose to include this information in the application form, please be aware that members of the AP Assessment Board and AP members of staff will see this information. It will not be shared with any other organisation/ individual. |

**If you have answered YES to question 1, we will be unable to accept your application for accreditation until the outcome of the investigation has been decided.**

|  |
| --- |
| Declaration of honesty |
| **Sign and date below to confirm that your application is true and complete.**I declare that as far as I know, my application contains only true information. I understand that if any incorrect, incomplete or plagiarised information is discovered, my accreditation may be disqualified.**Signed**: Click here to enter text. **Date**: Click here to enter a date. |

**Criteria 1 and 2: Eligibility for application**

Please tick **YES** or **NO** to leave the correct answer showing:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Are you currently an individual member of AP? |[ ] [ ]
| Do you understand that you must remain a member in order to submit your application? |[ ] [ ]
| Do you have professional indemnity insurance to cover for all your professional work? (Do not forget to provide a copy of your certificate and/or your agency certificate) |[ ] [ ]
| Do you agree to abide by the [AP's Standards of Conduct and Ethics](https://www.smmgp-fdap.org.uk/Handlers/Download.ashx?IDMF=2a22311b-e7ce-45c0-90ff-87f80d59899e)? |[ ] [ ]

**Criterion 3: Current practice**

Please tick **YES** or **NO** to leave the correct answer showing:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Are you currently in practice as a counsellor/psychotherapist? |[ ] [ ]

|  |
| --- |
|  |
| **How many client hours do you undertake each month?** N.B. Client hours should be taken to mean: *scheduled treatment sessions with clients for whom you have a continuing professional responsibility and relationship. These may be group sessions, but excluding lectures and other organised events in which teaching and not therapy is the principal focus, even though discussion and debate may be permitted.* |
| Please give details of **all** your current practice. (In each case please give your role, the setting and include your employer’s details)Click here to enter text. |

## Criterion 3: Diary of your current practice

In the blank tables provided, please give details of your work with clients over the past month. (If you cannot use the last month for any reason, use a four-week period from the past six months.) The hours of counselling/psychotherapy work you use in your application should not include training sessions, supervision, cancelled or missed sessions (Could or Did Not Attend or CNA/DNA).

**Please show the sessions for each type of work setting and keep all sessions from the same setting together in the same table.** Do not give clients’ names. Give each client a reference letter or number, and give a description of their gender (‘M’ for male and ‘F' for female) and age in brackets. For example, for a **male** client aged **39** and referred to as client **Z**, enter **Z (M, 39)**.

1st Illustration:

|  |
| --- |
| Type: *individual clients*. Location and Setting: [*Please specify*] |
| Client Details: Z (M, 39), B (F, 34), H (M, 27) |
| Date | Session no. | Client | Length (mins) | Main concerns of session |
| 7/11/09 | 1 | Z | 50 | Introduction and initial assessment |
| 7/11/09 | 6 | B | 50 | Review of the objectives |
| 7/11/09 | 2 | H | 50 | Continuation of assessment, review of alcohol history |
| 14/11/09 | 2 | Z | 50 | Crisis intervention: Client threatening to use after argument with partner |

2nd Illustration

|  |
| --- |
| Type: *couple work*. Location and Setting: [*Please specify*] |
| Client Details: B (F, 37) + Z (M, 39) |
| Date | Session no. | Clients | Length (mins) | Main concerns of session |
| 7/11/09 | 3 | B and Z | 90  | Lack of communication within the couple |
| 21/11/09 | 4 | B AND Z | 90 | Practical communication exercises |

3rd Illustration

|  |
| --- |
| Type: *Aftercare Group session*. Location and setting: [*Please specify*] |
|  Client Details Z (F, 22) + E (M, 35) + S (M, 33) + N (F, 26) + P (M, 49) + C (F, 56) + T (M, 25) |
| Date | Session no. | Clients | Length (mins) | Main concerns of session |
| 9/12/09 | N/A | Z + E + S + N + P + C + T | 90 | Welcoming of new member, identification with newly out of treatment issues |
| 16/12/09 | N/A | Z + E + S + N + P + C + T | 90 | Risk taking with drugs by 2 members of the groups, discussion regarding family of origin issues. |

## Family therapy can be shown in the same way as the group sessions example above

**Current practice: continued**

|  |
| --- |
| Type: Click here to enter text. |
| Client details: Click here to enter text. |
| Date | Session no. | Client/s | Length (mins) | Main concerns of session |
|   | Click here to enter text. | Click here to enter text. | mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |

|  |
| --- |
| Type: Click here to enter text. |
| Client details: Click here to enter text. |
| Date | Session no. | Client/s | Length (mins) | Main concerns of session |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |

|  |
| --- |
| Type: Click here to enter text. |
| Client details: Click here to enter text. |
| Date | Session no. | Client/s | Length (mins) | Main concerns of session |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |

|  |
| --- |
| Type: Click here to enter text. |
| Client details: Click here to enter text. |
| Date | Session no. | Client/s | Length (mins) | Main concerns of session |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |
|   | Click here to enter text. | Click here to enter text. |  mins | Click here to enter text. |

**Criterion 4: Your route to accreditation**

*Have you chosen to apply using Route One, Route Two or Route Three?*

|  |  |
| --- | --- |
| ***Please fill in this box to show us which route you are taking:***  | ***ROUTE***  |
| ***Now go the next section****:** ***ROUTE ONE go to A***
* ***ROUTE TWO go to B***
* ***ROUTE THREE go to C***
 |

**A**: **Applicants applying under ROUTE ONE**

##  AP accredited training course

|  |
| --- |
| Full title of course: Click here to enter text. |
| Training institution’s name: Click here to enter text. |
|  |
| Institution’s address: Address 1Address 2Address 3Address 4 |
|  |
|  | Postcode:  |
|  |
| Institution’s phone number: Click here to enter text. |
|  |
| Start date of course: Click here to enter a date. | Date completed: Click here to enter a date. |
|  |
| Title of the award you received:Click here to enter text. | Date received: Click here to enter a date. |

You must send us **verified** copies of your award from this course (the ***Guidance Notes*** tell you how to do this and can be found on our website).

The award must clearly show on it that it is accredited by AP. If it doesn’t, you must send us an official letter from the course, confirming that you have completed the AP accredited course.

## A: continued

## Practice submitted under ROUTE ONE

### In the table below, give details of at least 400 hours of counselling/psychotherapy practice of which 250 hours should be in the addictions field. You should show at least three and not more than six years practice. (These do not have to be calendar years, they could be separate 12-month periods and do not have to be consecutive.) Where possible, we advise against dual relationships, and expect individual supervision to be separate from your line management. However, if your supervisor is also your line manager, or there is another type of dual relationship, you must be able to show that you have access to another supervisor or supervision arrangement should the need arise.

### We would expect your supervisor to evidence a supervision qualification at diploma or certificate level.  Where your supervisor has no formal training to work as a supervisor then they must evidence substantial experience of working therapeutically within the addiction field, as well as being in ongoing supervision themselves.

### Whilst recognising the value of peer supervision, it is not adequate as the only provision. Your supervisor needs the ability to focus on and normalise the impact of trauma on the counsellor/therapist, to advocate supervisee self-monitoring and self-care and be able to work with the impact of unconscious relational dynamics emerging as a consequence of working in this field.

|  |
| --- |
| N.B. Client hours should be taken to mean: *scheduled treatment sessions with clients for whom you have a continuing professional responsibility and relationship. These may be group sessions, but excluding lectures and other organised events in which teaching and not therapy is the principal focus, even though discussion and debate may be permitted.* |

##### *For all the practice you have given details of, you must have been supervised at least 1½ hours a month.*

Please use each line of the table to show a year or part of a practice year. Do not show a number of years together on one line, even if this was continuous practice in the same setting. You can continue on a separate sheet if necessary.

For example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates for each year (from - to) | Your role, the place and setting for this practice | Hours of practice per month | No of months practised | Supervision hours per month |
| From:01/01/2007To:31/12/2007 | e.g. Trainee Counsellor, inpatient treatment [please give details] | 100 | 11 | 3 |
| From: 01/01/2008To :31/01/2008 | e.g. Counsellor, outpatient treatment [please give details] | 100 | 11 | 3 |
| From:01/01/2009To: 31/12/09 | Senior counsellor, harm minimisation programme [please give details] | 100 | 11 | 4 |
| **Please give totals for these three columns:** | 300 | 33 | 10 |

**A: continued**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates for each year | Your role, the place and setting for this practice | Hours of practice during period | No of months practised  | Supervision hours per month |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| **Please give totals for these three columns:** | Total | Total | Total |

## Now go to Criterion 5

## B: applicants applying under ROUTE TWO

**Counsellor/Psychotherapist Training course not accredited by AP**

In order to apply under this route you must have successfully completed one validated programme of learning leading to an award at Higher Education level 4 (or equivalent), or at a higher level, for practitioner training in counselling and/or psychotherapy, validated by a recognised college or university, that:

* Included at least 400 hours of tutor contact hours of which 100 hours teaching\* must be related to drug, alcohol, gambling and related addictions. If not included in the 400 hours basic training package this should be evident in subsequent Continued Professional Development (CPD).

The teaching must include: the psychology of addictive behaviours, including both Individual processes and socially influenced processes.

There should also be training in methodologies that are recognised to be applicable in addiction counselling including, Motivational interviewing, Cognitive Behavioural therapy for substance abuse, and Mindfulness Based therapies including Mindfulness based Relapse Prevention, Dialectical Behaviour Therapy, and Acceptance and Commitment Therapy.

* Was carried out over at least two years (part-time) or one year (full-time)
* Had supervised practice as an integral part of the training
* Covered theory, skills, professional issues and personal development

Please give details of your course sufficient to enable these assessments to be made. You can only use a course that you have successfully completed and for which you have received the award.

If you have an official breakdown of the course hours and elements from your training institution, please send this, together with copies of other relevant published material (e.g. the prospectus entry) you think may be helpful.

*\* Any attendance at conferences should not be included in the 100 hours as outlined above.*

|  |
| --- |
| Full title of course: Click here to enter text. |
|  |
| Main theoretical approach: Click here to enter text. |
|  |
| Other theoretical approaches: Click here to enter text. |
|  |
| Training institution’s name: Click here to enter text. |
|  |
| Institution’s address: Address 1Address 2Address 3Address 4 |
|  |
|  | Postcode: Enter Postcode |
| Institution’s phone number: Click here to enter text. |

**B: continued**

|  |
| --- |
| Number of formal taught contact hours (not including hours in placement). For example, three hours a week, two 20-hour residential weekends over two academic years = 202 hours:  |
|  |
| Total taught hours: | Hours |
|  |  |
| Start date of course: Click here to enter a date. | Date completed: Click here to enter a date. |
|  |
| Title of the award you received: Click here to enter text. | Date received: Click here to enter a date. |
|  |
| Dates of your placement: Click here to enter a date. |
|  |
| Please give details of your placement: Click here to enter text. |
|  |
| Please describe how theory, skills, professional issues and personal development were covered on the course: Click here to enter text.Please explain in what respects the course included 100 hours teaching is related to drug, alcohol, gambling and related addictions:Click here to enter text.Please explain how the course as a whole is relevant to the to the broader professional responsibilities of the counsellor, as illustrated in the core functions of the counsellor:Click here to enter text.You must send us **verified** copies of your award from this course (the [***Guidance Notes***](https://www.addictionprofessionals.org.uk/ncac-required-training) on our website tell you how to do this)

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Do you hold the AP’s Drug and Alcohol Professional Certificate? |[ ] [ ]

If not, please explain the evidence for your competence in the relevant DANOS units (see Standard criteria for Route TWO above):Click here to enter text. |

**B: continued**

## Practice submitted under Route Two

### In the table below, give details of at least 400 hours of counselling/psychotherapy practice of which 250 hours should be in the addictions field. You should show at least three and not more than six years practice. (These do not have to be calendar years, they could be separate 12-month periods and do not have to be consecutive.)

##### *For all the practice you have given details of, you must have been supervised at least 1½ hours a month.*

##### N.B. Client hours should be taken to mean: *scheduled treatment sessions with clients for whom you have a continuing professional responsibility and relationship. These may be group sessions within a therapeutic community context, but excluding lectures and other organised events in which teaching and not therapy is the principal focus, even though discussion and debate may be permitted.*

Please use each line of the table to show a year or part of a year of practice. Do not show a number of years together on one line, even if this was continuous practice in the same setting. You can continue on a separate sheet if necessary.

For example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates for each year (from - to) | Your role, the place and setting for this practice | Hours of practice per month | No of months practised | Supervision hours per month |
| From:01/01/2007To:31/12/2007 | e.g. Trainee Counsellor, inpatient treatment [please give details] | 100 | 11 | 3 |
| From: 01/01/2008To :31/01/2008 | e.g. Counsellor, outpatient treatment [please give details] | 100 | 11 | 3 |
| From:01/01/2009To: 31/12/09 | Senior counsellor, harm minimisation programme [please give details] | 100 | 11 | 4 |
| **Please give totals for these three columns:** | 300 | 33 | 10 |

**B: continued**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates for each year | Your role, the place and setting for this practice | Hours of practice during period | No of months practised  | Supervision hours per month |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| **Please give totals for these three columns:** | Total | Total | Total |

## Now go to Criterion 5

C: ***Applicants applying under Route THREE***

**Portfolio of evidence from more than one training course**

You must have a portfolio of at least 400 hours of counsellor/psychotherapist training at Higher Education level 4 (or equivalent), or at a higher level, in more than one programme of learning, and in total equivalent in breadth and depth to that described in Route TWO above. The training will have been validated by recognised college(s) or university (ies), and should normally have been obtained over a period of no more than 10 years, and in excess of 1 year (full-time), and two years (part-time). The training should also have included:

* Clinically supervised practice as an integral part of the training, with overall supervision from the college(s), university (ies) concerned.
* Theory, skills, professional issues and personal development
* In addition, at least 400 hours of tutor contact hours of which 100 hours teaching\* must be related to drug, alcohol, gambling and related addictions. If not included in the 400 hours basic training package this should be evident in subsequent Continued Professional Development (CPD).

The teaching must include: the psychology of addictive behaviours, including both Individual processes and socially influenced processes.

There should also be training in methodologies that are recognised to be applicable in addiction counselling including, Motivational interviewing, Cognitive Behavioural therapy for substance abuse, and Mindfulness Based therapies including Mindfulness based Relapse Prevention, Dialectical Behaviour Therapy, and Acceptance and Commitment Therapy

Please give details of the courses you wish to include. Please give sufficient details of your courses to enable the above assessments to be made.

If you have an official breakdown of the course hours and elements from your training institutions, please send these, together with copies of other relevant published material (e.g. the prospectus entry) you think may be helpful.

 Copy the following pages for each course, starting with the most substantial course(s). You can only use courses that you have successfully completed and for which you have received the award.

Your training in total must have included a supervised placement. You must be able to give details of this placement. You should not count your placement hours in the formal taught contact hours total given for the course.

\* Any attendance at conferences should not be included in the 100 hours as outlined above.

If you have an official breakdown of the course hours and elements from your training institution, you can send this providing the breakdown is clearly shown.

|  |
| --- |
| **Route THREE:** **(**please tick as appropriate**)****Main Course** [ ]  **Additional Course** [ ] Full title of course: Click here to enter text. |
|  |
| Main theoretical approach: Click here to enter text. |
|  |
| Other theoretical approaches: Click here to enter text. |
|  |
| Training institution’s name: Click here to enter text. |
|  |
| Institution’s address: Address 1Address 2Address 3Address 4 |
|  |
|  | Postcode: Postcode |
| Institution’s phone number: Click here to enter text. |

|  |
| --- |
| Number of formal taught contact hours (not including hours in placement). For example, three hours a week, two 20-hour residential weekends over two academic years = 202 hours:  |
|  |
| Total taught hours: | Hours |
|  |  |
| Start date of course: Click here to enter a date. | Date completed: Click here to enter a date. |
|  |
| Title of the award you received: Click here to enter text. | Date received:Click here to enter a date.  |
|  |
| Dates of your placement: Click here to enter a date. |
|  |
| Please give details of your placement: Click here to enter text. |
|  |
| Please describe how theory, skills, professional issues and personal development were covered on the course: Click here to enter text.Please explain in what respects the course included 100 hours teaching is related to drug, alcohol, gambling and related addictions:Click here to enter text.Please explain how the course as a whole is relevant to the to the broader professional responsibilities of the counsellor, as illustrated in the core functions of the counsellor:Click here to enter text.You must send us **verified** copies of your award from this course (the [***Guidance Notes***](https://www.addictionprofessionals.org.uk/ncac-required-training) on our website tell you how to do this) |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Do you hold the AP’s Drug and Alcohol Professional Certificate? |[ ] [ ]

If not, please explain the evidence for your competence in the relevant DANOS units (see Standard criteria for Route TWO above):

Click here to enter text.

**C: continued**

## Practice submitted under Route Three

### In the table below, give details of at least 400 hours of counselling/psychotherapy practice of which 250 hours should be in the addictions field. You should show at least three and not more than six years practice. (These do not have to be calendar years, they could be separate 12-month periods and do not have to be consecutive.)

### You must show that at least 150 hours of your practice took place after you completed the training submitted. Please identify this in the final column headed post training practice hours.

##### N.B. Client hours should be taken to mean: *scheduled treatment sessions with clients for whom you have a continuing professional responsibility and relationship. These may be group sessions within a therapeutic community context, but excluding lectures and other organised events in which teaching and not therapy is the principal focus, even though discussion and debate may be permitted.*

##### *For all the practice you have given details of, you must have been supervised at least 1½ hours a month.*

Please use each line of the table to show a year or part of a year of practice. Do not show a number of years together on one line, even if this was continuous practice in the same setting. You can continue on a separate sheet if necessary.

For example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates for each year (from - to) | Your role, the place and setting for this practice | Hours of practice per month | No of months practised | Supervision hours per month |
| From:01/01/2007To:31/12/2007 | e.g. Trainee Counsellor, inpatient treatment [please give details] | 100 | 11 | 3 |
| From: 01/01/2008To :31/01/2008 | e.g. Counsellor, outpatient treatment [please give details] | 100 | 11 | 3 |
| From:01/01/2009To: 31/12/09 | Senior counsellor, harm minimisation programme [please give details] | 100 | 11 | 4 |
| **Please give totals for these three columns:** | 300 | 33 | 10 |

**C: continued**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates for each year | Your role, the place and setting for this practice | Hours of practice during period | No of months practised  | Supervision hours per month |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| From:To: | Click here to enter a date.Click here to enter a date.Click or tap here to enter text. | Hours | Months | Hours |
| **Please give totals for these three columns:** | Total | Total | Total |

## Now go to Criterion 5

## Criterion 5: Supervision of practice

This part has separate tables for

* Individual supervision
* Group, team or peer supervision.
Where possible, we advise against dual relationships, and expect individual supervision to be separate from your line management. However, if your supervisor is also your line manager, or there is another type of dual relationship, you must be able to show that you have access to another supervisor or supervision arrangement should the need arise.

We would expect your supervisor to evidence a supervision qualification at diploma or certificate level.  Where your supervisor has no formal training to work as a supervisor then they must evidence substantial experience of working therapeutically within the addiction field, as well as being in ongoing supervision themselves.

Whilst recognising the value of peer supervision, it is not adequate as the only provision. Your supervisor needs the ability to focus on and normalise the impact of trauma on the counsellor/therapist, to advocate supervisee self-monitoring and self-care and be able to work with the impact of unconscious relational dynamics emerging as a consequence of working in this field.

Please complete a table for:

* **each** supervision arrangement for the practice hours shown in A, B or C
* **each** supervision arrangement for your current work

If you have more than one arrangement with the same supervisor (for example, you have the same supervisor for individual supervision *and* group supervision), complete a separate page for each different arrangement.

**You must show that all practice submitted in parts A, B and C is supervised for at least 1½ hours per month.**

**This can be achieved through individual, group, team or peer supervision or a combination of these.**

If you have more than one arrangement with the same supervisor (for example, you have the same supervisor for individual supervision and group supervision), complete a separate form for each different arrangement. Please provide an additional **Supervisor report** if your current supervisor **did not** supervise the casework used to evidence Criteria 6.2 and 6.3. In this case, please ask the supervisor of the casework submitted, to complete a report. You should have a Supervisor Report to cover all casework submitted for Criteria 6.2 and 6.3.If you have been with your current supervisor for less than six months, please enclose a Supervisor Report from a previous supervisor who has sufficient knowledge of your work.

**Criterion 5: continued**

**INDIVIDUAL supervision arrangements**

|  |
| --- |
| Supervisor’s name: Click here to enter text. |
|  |
| Supervisor’s address: Address 1Address 2Address 3Address 4 |
|  |
| Postcode: | Postcode |
|  |
| Supervisor’s Qualification/s: Click here to enter text. |
|  |
| Contract start date: Click here to enter a date. | End date: Click here to enter a date. |
|  |
| If this supervision arrangement is still current, write ‘ongoing’ for the end date. |
|  |
| Contracted frequency of supervised sessions: Click here to enter text. |
|  |
| Contracted length of each session: Click here to enter text. |
|  |
| Which practice does this arrangement cover? (e.g. Priory North London, Sept 08 to Sept 09) Click here to enter text. |
|  |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Is, or was there, any professional or personal relationship between you and your Supervisor, other than for the purpose of this supervision?  |[ ] [ ]

|  |  |  |
| --- | --- | --- |
|  |  |  |
| If yes, please explain: Click here to enter text. |
|  |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Did this Supervisor supervise the case material you have used for Criterion 6? |[ ] [ ]

|  |
| --- |
| **If not, please see the** [***Guidance Notes***](https://www.addictionprofessionals.org.uk/ncac-required-training) **on our website** |

## Criterion 5: continued

**GROUP, TEAM, OR PEER supervision arrangements**

Please complete a copy of this sheet for each peer or group supervision arrangement

|  |
| --- |
| Supervisor’s name: Click here to enter text. |
|  |
| Supervisor’s address: Address 1Address 2Address 3Address 4 |
|  |
| Postcode: | Postcode |
|  |
| Supervisor’s Qualification/s: Click here to enter text. |
|  |
| *Are you telling us about group, team or peer supervision? Click here to enter text.* |
|  |
| Contract start date: Click here to enter a date. | End date: Click here to enter a date. |
|  |
| If this supervision arrangement is still current, write ‘ongoing’ for the end date  |
|  |
| Contracted frequency of supervised sessions: Click here to enter text. |
|  |
| Contracted length of each session: Click here to enter text. |
|  |
| How many people are supervised in this group? Click here to enter text. |
| (if the arrangement is group supervision, do not include the group facilitator in this number) |
|  |
| Which practice does this arrangement cover? (e.g. Priory North London: Sept 08 to Sept 09) Click here to enter text. |
|  |
|

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Is, or was there, any professional or personal relationship between you and your Supervisor, other than for the purpose of this supervision? |[ ] [ ]
| If yes, please explain: Click here to enter text. |

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Did this Supervisor supervise the case material you have used for Criterion 6? |[ ] [ ]

 |
|  |
|  |
| **If not, please see the** [***Guidance Notes***](https://www.addictionprofessionals.org.uk/ncac-required-training) **on our website**  |

##  Reflective Practice: Criteria 6

## Criterion 6.1 – Knowledge and understanding

This part is about the knowledge used that informs your practice with clients. It incorporates your understanding and use of theory/theories and on what basis you integrate them in your work with clients in a meaningful way.

The following are points you may want to consider in your content:

1) An explanation of how you came to develop your approach

2) A description of how theory informs your actual practice

3) Problems with putting theory into practice, and how you overcame them.

4) Assuming your approach is eclectic or integrative, how is coherence ensured?

Recommended word count = 1000 words (+ or -10%), please give your word count at the end.

***Criterion 6.2 and 6.3: Practice and the use of supervision***

**Practice**

In this section, you should present a case study that provides the opportunity for you to demonstrate how you exercised the counsellor’s broader professional responsibilities in your work. Your case material should also demonstrate the application of the theory/theories described previously under 6.1

**The use of supervision**

In this section you should show how you have gained awareness from supervision and demonstrate how this awareness is applied in your work with clients.

*In your case material demonstrate how supervision influences your practice by describing:*

* Overview of the type and nature of the supervision
* The issues brought to the supervision and why
* How the supervision influenced the applicant's wider development as a counsellor

The recommended word count for **Criteria 6.2 and 6.3** is 1,000 words in total (+ or - 10%); please give the word count at the end

**Case material for 6.2 and 6.3:**

**Choosing your case material** – You should choose a case study in consultation with your supervisor. Case material that is written for another purpose is unlikely to meet these application requirements. The ***example used for the case material should be typical of your current or recent work***. All case material submitted should be commented on by your supervisor(s) in their ***Supervisor Report***

**Writing your case material** – The applicant should choose a case study that provides the opportunity to demonstrate the broad professional responsibilities of the counsellor to the client. You should also use your case material to show how the theory/theories used inform your practice. You should illustrate your *own* self-awareness as a practitioner and how this is used in the therapeutic relationship with your client(s). You must make reference to your awareness of issues of difference and equality, and show that you work within AP's Standards of Conduct and Ethics for drug and alcohol professionals. You should also show how you have gained awareness through your supervision and illustrate how this influences your work with clients. The case material should illustrate self-reflection, give a sense of the relationship between you and your client and show that the theory/theories described in Criterion 6.1 are those you use in practice. It should not be an account of the client’s story or a chronicle of events. The work can include extracts from client sessions, but you must disguise the identity of your client(s).

**Presenting your case material** – Your case study should cover the wide range of professional responsibilities in therapeutic practice; which may include, besides counselling itself: comprehensive assessment(initial assessment, including intake and orientation) , treatment planning, case management(including report and record keeping), crisis intervention, client education, consultation with other professionals in regard to client treatment, including referrals and supervision (e.g. the ‘core functions of the counsellor’ Kulewicz 1996); Relevant forms and correspondence should be inserted in the appendix. You should also include here: Risk assessment (a reference to health and self-harm/suicide issues should be included); social history; substance use history; emotional/behavioural assessment; treatment plan and treatment plan review; aftercare plan and discharge plan. You do not have to present the case material as an academic essay. The case material may contain verbatim extracts from your sessions. You must reference published works, authors, theories etc when referring to, or quoting directly from their work.

# GUIDANCE FOR THE SUPERVISOR

**Give this sheet to your Supervisor with the Supervisor Report form.**

A ***Supervisor Report*** is required as part of the application for accreditation. As a nominated supervisor you should confirm the supervision arrangements. Prior to completing the Report you should read the case material, which should be a typical example of the applicant’s work with clients.

When you have completed your report, please give it to the applicant. They will sign it and send it to us with their application form. The applicant may also ask you to witness and verify their training certificate(s) to confirm they are authentic.

We may contact you as part of the assessment procedure.

If you have any questions about your report, please email us at admin@addictionprofessionals.org.uk or write to us at

Addiction Professionals

Suite 277

8 Shoplatch

Shrewsbury

Shropshire

SY1 1HF

email: admin@addictionprofessionals.org.uk

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

*Thank you for your time and commitment to the accreditation process*

**SUPERVISOR REPORT**

**Applicant’s details**

|  |
| --- |
| Accreditation applicant’s name: Click here to enter text. |
|  |  |
| AP Applicant’s membership number: | Click here to enter text. |

**Supervisor details**

|  |
| --- |
| Your name: Click here to enter text. |
|  |
| Address: Address 1Address 2Address 3Postcode |
|  |
| Daytime phone number: Click here to enter text. |
|  |
| Email address: Click here to enter text. |
|  |
| Profession or occupation: Click here to enter text. |
|  |
| Professional body: Click here to enter text. |
|  |
| Your membership number: Click here to enter text. |
|  |
| Please give your qualifications and experience as a supervisor and practitioner: Click here to enter text. |
|  |

|  |
| --- |
| Please outline in brief your method/model of supervision:Click here to enter text. |
|  |
|  | Yes | No |
| Is there any professional (for example, line-management responsibility) or personal relationship between you and the applicant, other than for the purpose of this supervision? |[ ] [ ]
| If yes, please give details:Click here to enter text. |
|  |

### The supervision contract

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What supervision arrangement do you have with the applicant (tick all that apply)

|  |
| --- |
| Individual |[ ]
| Group |[ ]
| Team |[ ]
| Peer |[ ]

 |
| Please complete a section for the arrangement / *all* arrangements that you have indicated above. |
| **SUPERVISOR REPORT - continued***Individual supervision*  |
|  |
| Contract start date: Click here to enter a date. | End date: Click here to enter a date. OR Click here to enter text. |
|  |
| Your contract with the applicant may be ongoing. If so, please write ‘ongoing’ where asked for an end date. |
| Contracted frequency of sessions: Click here to enter text. |
|  |
| Contracted length of sessions: Click here to enter text. |
|  |
| ***Group supervision/Team supervision*** |
| How many supervisees are in this group? Click here to enter text. |
|  |
| Contract start date: Click here to enter a date. | End date: Click here to enter a date. |
|  |  |
| Contracted frequency of sessions: Click here to enter text. |
|  |  |
| Contracted length of sessions: Click here to enter text. |
|  |  |
| **Peer supervision**  |
|  |
| How many peer members are there? Click here to enter text. |
|  |
| Contract start date: Click here to enter a date. | End date: Click here to enter a date. |
|  |
| Contracted frequency of sessions: Click here to enter text. |
|  |
| Contracted length of sessions: Click here to enter text. |

### SUPERVISOR REPORT – continued

### Supervisor Declaration

|  |
| --- |
| Please **tick** the appropriate box and complete as applicable: |
| I have supervised all the case material that the applicant has provided for this application |[ ]
| OR |
| I have supervised part of the case material that the applicant has provided in this application |[ ]
|  |
| Please state which part: Click here to enter text. |
|  |
| OR |
| I did not supervise any of the case material the applicant has provided in this application |[ ]

### Your supervision of the applicant’s work

|  |
| --- |
| As the applicant’s Supervisor, how would you evaluate the applicant’s ability to put theory into practice? Click here to enter text. |

### SUPERVISOR REPORT – continued

|  |
| --- |
|  Please indicate how effectively the applicant exercises their broader professional responsibilities towards the client, e.g. initial assessment, treatment planning, case management etc. Click here to enter text. |
| Does the applicant’s work reflect his or her awareness of the AP's Standards of Conduct and Ethics?Click here to enter text. |

|  |
| --- |
| Please comment on the applicant’s use of supervision in general **and** in relation to the case material provided (if you have supervised this work). Click here to enter text. |
|  |
| *Any additional comments from Supervisor or Applicant:* Click here to enter text. |

### Signatures

|  |  |  |
| --- | --- | --- |
| Applicant’s signature: Click here to enter text. |  | Date: Click here to enter a date. |
|  |
| Supervisor’s signature: Click here to enter text. |  | Date: Click here to enter a date. |

# GUIDANCE FOR THE PROPOSER

**Give this sheet to your Proposer with the Proposer Statement**

A report from an appropriate person, who is willing to propose the applicant for accreditation, is necessary as part of the application process.

**The *Proposer Statement* is confidential. Do not give it back to the applicant. Send it to AP directly and independently of the application form.**

As a Proposer, you should know the applicant well enough to confirm that they are:

* A responsible person
* Someone who maintains a professional standard of integrity
* Someone who is of good standing within their profession

You should be a member of a professional association appropriate to your field of work (for example, holder of the AP NCAC accreditation, BACP/UKRC registered practitioner, BPS Chartered/registered Psychologist, MRCPsych or MRCGP. This list is not exhaustive.

You should not be the Supervisor who filled in the ***Supervisor Report*** for this application.

You should not be a client or an ex-client of the applicant.

You should not be the partner or a close relative of the applicant.

As Proposer, your signature on the form shows that you support the application to become a AP accredited counsellor or psychotherapist. The applicant may also ask you to sign their training certificate(s) to prove they are authentic.

Please fill in your statement honestly. You should answer all questions, writing ‘not applicable’ if appropriate (please do not leave questions unanswered). Please return your Statement so it reaches us at the same time as the application (agree the date of return with the applicant). We may contact you as part of the assessment procedure.

Please send your completed Statement direct to AP.

If you have any questions about your report, please email us at admin@addictionprofessionals.org.uk or write to us at

Addiction Professionals

Accreditation Department

Suite 277

8 Shoplatch

Shrewsbury

Shropshire

SY1 1HF

Thank you for your time and commitment to the accreditation process.

# PROPOSER STATEMENT (CONFIDENTIAL)

***You should have read the accompanying guidance for the Proposer before you complete this form***

**Applicant’s details**

|  |
| --- |
| Applicant’s name: Click here to enter text. |
|  |  |
| Applicant’s AP number: | Click here to enter text. |

**Proposer’s details**

|  |
| --- |
| Your name: Click here to enter text. |
|  |
| Your address: Address 1Address 2Address 3 |
|  |  |
|  | Postcode: Click here to enter text. |
|  |  |
| Daytime phone number: Click here to enter text. |
|  |
| Email address: Click here to enter text. |
|  |
| Profession or occupation: Click here to enter text. |
|  |
| Professional body: Click here to enter text. |
|  |
| Your membership number: Click here to enter text. |
|  |
| Professional qualifications:  |

**Your knowledge of the applicant**

|  |
| --- |
| How long have you known the applicant? Click here to enter text. |
| **PROPOSER STATEMENT – continued** |
| In what capacity do you know the applicant? Click here to enter text. |

|  |
| --- |
| The applicant should be a responsible person of good standing within the profession, who will maintain a professional standard of integrity in dealing with both clients and colleagues. How does the applicant meet these requirements? Click here to enter text. |
|  |
|  | ***YES*** | ***NO*** |
| In your opinion, is there any reason why the applicant should not be considered for accreditation with AP?  |[ ] [ ]
|  |
| *If yes, please give details:* Click here to enter text. |

**Signature**

|  |
| --- |
| ***I propose the following person be an accredited member of AP*** |
|  |
| *Applicant’s name:* Click here to enter text. |
|  |
| *Your signature:* Click here to enter text. |
|  |
| Date: Click here to enter a date. |

**Please send this report to the address below. Try to make sure that it will arrive at about the same time as the application form**.

Addiction Professionals Accreditation Department

Suite 277

8 Shoplatch

Shrewsbury

Shropshire

SY1 1HF

Email: admin@addictionprofessionals.org.uk

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

**SENDING US YOUR APPLICATION**

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

*You can apply for accreditation at any time.*

***Please send us:***

* Your original application form, including a completed Supervisor Report and verified copies of your award certificates. Ensure your name and membership number is on any additional or separate sheets.
* One completed and collated copy of the documents listed above, in addition to your original application.
* **Your fee for accreditation**\* (£150 non refundable). We only accept payment via bank transfer.
* **Bank details:** UNITY TRUST BANK. Sort Code: 60-83-01 Account Number: 20438021

**Post your application package to AP Accreditation, using the address below. We will let you know that we have received your application.**

**You must arrange for your Proposer to fill in his or her report and send it to us separately, to arrive at the same time as 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

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

**\*This fee is correct at 1 April 2021.**

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

# THE ASSESSMENT PROCESS

Once we receive your application, we will check that you have provided all the information we need and that you meet the basic eligibility Criteria. We will match it to your Proposer’s statement and check that you have made the correct payment. We will then send your application to the assessors.

We aim to take no more than four months to assess your application and tell you our decision. If we need to contact you because your application is incomplete or unclear, the process may take longer.

Any documentation you send us to support your application for accreditation must be authentic, accurate and current. If we discover that any of the information is not accurate or complete, we may turn down or withdraw your accreditation application. False information may result in a referral to Professional Conduct for investigation.

The decision will be one of the following:

* **Criteria met**

If the evidence submitted is judged to have met all criteria, accreditation as a NCAC counsellor / psychotherapist will be awarded. You will be informed in writing and a certificate of accreditation will be sent.

* **Criteria not yet met**

If any of the criteria are judged not to be satisfactorily evidenced at this stage, you will be informed in writing. The deferment letter will explain why particular criteria have not been met. You will then be allowed a further six months in which to address the points in the letter and send further evidence. All evidence to meet the outstanding criteria must be sent at the same time. A further fee of £70, non refundable, is payable to cover the additional assessment.

If you do not address the points in the letter and send further evidence by the end of the six-month period, your application will be deemed to have lapsed.

There is no facility to appeal at this stage.

**Final decision**

Your additional evidence will be assessed alongside your original application and a final decision made. If all criteria are judged to have been met, accreditation will be awarded. If, however, any criteria remain unmet, your application will be deemed to be unsuccessful.

Your options then will be: 1. Re-application

 2. Appeal

1. **Re-application** – you need to wait a period of 12 months after the final decision before you reapply. The re-application should provide new evidence which addresses the reasons given for failure of the first application. The full accreditation fee applies to the new application.
2. **Appeal** – Applicants have the right to appeal against Final accreditation decisions on procedural grounds, that is:

**That the application has not been fairly and properly assessed against the published criteria.**

Disagreement with the assessors’ professional judgement is not in itself grounds for appeal.

* An appeal must be lodged within 2 months of the date of the final decision letter
* A fee of £70 is payable
* The decision of the appeals panel is final

**Issue of Certificates**

Your certificate will be posted with your notification of accreditation. This open certificate is only valid when accompanied by **a letter of authentication which will normally be supplied on renewal of membership.**

You will be required to **renew your membership annually** (a reminder will be sent in advance).

Accreditation is valid for three calendar years from the date accreditation was awarded.

**Re-accreditation**

NCAC accreditation is valid for three years, after which members must apply for re-accreditation. To be re-accredited, practising counsellors will need to meet the following criteria:

* *Professional development* - Engaged in continuing professional development since accreditation was last awarded – for more information see appendix 1.
* *Supervision* Received regular supervision, in line with AP guidance, in the period since accreditation was last awarded.
* *Membership* Held continuing AP membership since accreditation was last awarded.
* Non-practising counsellors can also re-accredit provided they meet the criteria above for membership and professional development, and in addition the supervision criterion for any period during which they have been practising since they were last accredited.

N.B. 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.

**The fee for re-accreditation** is £100 (non refundable). Please make payment at the same time as your application (please include your surname and membership number), which should include documentation regarding professional development and supervision as requested above. Bank details are **Addiction Professionals. Sort Code: 60-83-01 Account Number: 20438021**.

We wish you good luck with your application.

**Appendix 1**

|  |
| --- |
| 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.** Wherever practical you should aim to average out your training on an annual basis. **In addition we require a short piece of written work (a minimum of 1000 words) to describe how your CPD has helped your practice as an addictions counsellor. See under E.****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 D**). 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. In addition: |
| 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 SMMGP Premium 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, SMMGP Premium 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.** |