**Addiction Professionals
Drug & Alcohol Professional
Re-certification Application Form**

Please click within the blank box to enter your text or print out and manually complete.

|  |  |
| --- | --- |
| Name of applicant:  |   |
| Contact details:  |   |
| Are you a full individual member of FDAP? Y / N  |   |
| If yes, please give membership number here:  |   |
| 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]** |

**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 |   |
| SCDHSC 0032 |   |
| SCDHSC 0033 |   |
| SCDHSC 0035 |   |
| GEN 36 |   |
| SCDHSC 0233 |   |
| SCDHSC 3111 |   |
| DANOS AB5.2014 |   |
| DANOS AF2.2012/AF3.2014\* |   |

**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** |
|  |  |

**Addiction Professionals Drug & Alcohol Professional Re-certification Application Form Declaration**

I attach copies of qualification certificates (endorsed by my line manager / supervisor) and , as applicable, a workplace assessment. I confirm that I have demonstrated my competence to my manager 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.

I have read and agree to abide by Addiction ProfessionalsClick or tap here to enter text. Code of Practice.

Signed:

Date:

**Submitting your application**

If you are applying direct to Addiction Professionals, the fee for Certification is £75 for three years - Bank details are **Addiction Professionals Sort Code 60-83-01 Account number 20438021**. Please use ‘ADAP Re-accreditation’ as reference when making a BACS 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.

Notes: Your application should include only evidence recognised by the PCAP.

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

|  |  |
| --- | --- |
| **Unit** | **Evidence Details** |
| SCDHSC 0031 | OU/Addiction Professionals award covering this unit |
| DANOS AB5.2014 | Workplace assessment & Brighton Uni Diploma in Substance Misuse Intervention Studies |
| DANOS AF2.2012/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.