



FORM RA: Application for Re-Accreditation as an Adlerian Counsellor
For applicants applying after Sept 2018

Please complete **all sections** of this form as fully, clearly and legibly as possible, avoiding the use of abbreviations. Incomplete and illegible forms will be returned. The Re-Accreditation fee for 2 years is **£50**, and a cheque made payable to '**ASIIP**' must be sent with this application. *You and your supervisor are asked to read carefully the Accreditation Criteria and Application Guidelines (available from either the Administrator or the Registrar).*

Please note that as an applicant for Re-Accreditation you must:

- a) be a FULL Member of the ASIIP and remain so for the period of Accreditation (2 years).
- b) be under formal supervision of a minimum of 1 to 1½ hours monthly, and be committed to continue this level of supervision for the period of the Re-Accreditation.
- c) as evidence of a serious commitment to on-going personal and professional development, have undergone a minimum of 30 hours of continuing professional development per year and submit Form CPD listing your CPD activities per year with a minimum of 50 per cent Adlerian content.
- d) submit this Application Form, signed by the Adlerian Counselling Supervisor (and, if need be, by the Supervision Supervisor) with the CPD form.

SECTION 1: PERSONAL DETAILS

ASIIP Accreditation No:	
Your name (<i>as you would like it to appear on the Accreditation Certificate</i>):	
Postal address for correspondence:	
Telephone numbers: Day:	Eve:
Email:	
<i>I have read the BACP definition of counselling and the BACP's Ethical Framework, and undertake to abide by them.</i>	
Applicant's Signature: Date:	

Insurance cover: Please describe the arrangements you have made for professional insurance cover.

Current occupation: What is your current occupation?

How long have you been in this occupation?

Have you had any breaks of more than six months from counselling and/or supervision?
 YES NO If YES, please give details:

SECTION 2: DETAILS OF SUPERVISION

<p>3.1 Please provide details of ALL supervisors of your work in the past two years.</p>		
Supervisors' names & qualifications	From... / to... & no. of sessions	Length of sessions & frequency of supervision
<i>[EXAMPLE: Brenda Jones, CQSW, Cert Adlerian Supervn IIP]</i>	<i>[Sept 2012 to July 2014]</i>	<i>[2 hrs, monthly = 22 sessions]</i>
<p>3.2 Current supervision arrangements Please give names and addresses of all current counselling supervisors (if working in more than one setting [e.g. privately and with an agency] please specify work supervised by each) and frequency and length of supervision meetings.</p>		
Name & address of supervisor	Frequency & length of sessions	Work supervised

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3.4 SUPERVISOR'S SIGNATURE:

I provide regular supervision to this applicant as described above. I have read the BACP definition of counselling and the BACP's Ethical Framework, and undertake to abide by them.

Signature of Counselling Supervisor: Date:

Signature of Supervision Supervisor: Date:

**SECTION 4:
CONTINUING PROFESSIONAL DEVELOPMENT AS AN ADLERIAN COUNSELLOR**

Please complete the relevant attached forms.

***Please send this form to:
Viv Bateman, 33 Carter Road, Burwell, Cambridge CB25 0DN
including:***

1. a cheque for £50 made payable to 'ASIIP'
2. 3 additional copies of the completed Application form
3. completed Continuing Professional Development forms (with 3 extra copies).

I, THE UNDERSIGNED, HAVE READ THE BRITISH ASSOCIATION FOR COUNSELLING AND PSYCHOTHERAPY'S ETHICAL FRAMEWORK AND AGREE TO CONTINUE ABIDING BY THIS CODE.

Signed: Date:

Please allow up to 6 weeks for assessment and processing of your application.