

ASSOCIATION OF CHRISTIAN COUNSELLORS

JOINT ACCREDITATION TRANSFER PACK

PERSONAL DETAILS – Part 1

Title:	First name:	Surname:
Address		
		Post code:
Tel No:	Email:	

STATUTORY & PROFESSIONAL ISSUES – Part 2

Please answer all questions in this section. * Insert the name of your accrediting organisation where indicated (e.g. UKCP, BACP, COSCA).

1. Are you an accredited _____ * member in good standing? Yes No
2. Do you abide by the _____ * Ethical Framework? Yes No
3. Do you have adequate, current and ongoing professional indemnity insurance? Yes No
4. In the course of your professional practice, are you or have you been the subject of any formal complaint or disciplinary action? Yes No
5. Are you on the Sex Offender Register? Yes No
6. Have you any convictions that are not deemed to be spent under the Rehabilitation of Offenders Act 1974? Yes No
7. Have you been refused recognition, certification or accreditation by any relevant professional body? Yes No

If the answer to any of the questions 3 to 7 is yes, please give details on a separate sheet.

DECLARATION BY THE APPLICANT

I declare that the information contained in this application is accurate. I am a member of ACC and agree with the "Statement of Faith" of the association and agree to uphold its aims and objectives and work within the terms of its "Ethics and Practice" document.

I enclose a copy of my original certificate and current renewal form for _____ *.

I also agree to keep proper ongoing records and undertake further CPD as specified.

Signed: _____ Date: _____

SUPERVISOR'S DETAILS – Part 3

Please fill in below the name and address of your supervisor who would be willing to provide you with a reference if required.

Title:	First name:	Surname:
Address		
		Post code:
Tel No:	Email:	

CERTIFICATE or ESSAY – Part 4

If your training is ACC recognised please enclose a copy of the highest recognised ACC qualification you have obtained.

Certificate enclosed

Yes No

If your training is not ACC recognised please enclose a 2000 word essay entitled 'How my Christian faith informs my practice'

Essay enclosed

Yes No

CHURCH LEADER'S DETAILS – Part 5

Please fill in below the name and address of the Church Leader (Minister, Pastor, Priest, Vicar, Elder or other Christian Leader) who will be willing to provide you with a reference as to your Christian character. If your spouse is providing this reference, or if both Church Leader's and supervisor's references are from the same person, (not recommended by ACC but may be accepted in certain circumstances), then we will also require a further character reference from another Christian Leader.

Title:	First name:	Surname:
Address		
		Post code:
Tel No:	Email:	
Position:		

Please complete your name and address and pass to your Church Leader the "Confidential Church Leader's Reference" form below for completion.

When completed please return this form, the church leader's reference, the appropriate fee and essay, if required, to :-

ACC Accreditation Office, 29 Momus Boulevard, Coventry CV2 5NA.

CONFIDENTIAL CHURCH LEADER'S REFERENCE – Part 5

This form provides us with a reference as to the Christian character; life and spiritual growth of the person named below who is applying for accreditation with the Association of Christian Counsellors. Would you please complete this form and return it to the applicant for inclusion in their submission. To preserve their confidentiality, use a sealed envelope if you wish.

Title:	First name:	Surname:
Address		
		Post code:
Tel No:	Email:	

1. In order to accredit the above-named applicant we need to be assured that he/she is of good character, and in fellowship with other Christians. Please comment on the applicant's life and work, both within the local church and within the community

2. Please comment on what you have seen of the applicant's ability in counselling, both pastorally in the church and also in the wider community:

CONFIDENTIAL CHURCH LEADER'S REFERENCE (continued)

3. Do you have any other comments about the applicant, which may help us?

I have known the applicant for _____ years, and recommend him/her for accreditation by the Association of Christian Counsellors.

Signed _____ Date: _____

Position: _____