**Joining ACC’s Register**

**Application for an Equivalence Decision**

Please read the document **Criteria for an Equivalence Decision** on our website [here](https://www.acc-uk.org/public/docs/page-pdfs/Register_Docs/ACC_Criteria_for_an_Equivalence_Decision.pdf) prior to filling this application form.

Please type your answers in the white boxes next to / below the questions – these boxes will expand as you type.

When submitting supporting material please ensure that you provide a certified English translation for all transcripts/descriptions written in another language.

Please also pay the required fee for processing your equivalence application form at the same time as, or prior to you submitting this form.

* **The fee amount** can be found [here](https://www.acc-uk.org/join-acc/membership-fees/).
* **To pay,** please follow this link [here](https://www.acc-uk.org/acc-store?product=667&action=view) and select equivalence fee.

Information on this form will be stored securely on ACC’s service, will be used to determine an equivalence decision and is subject to ACC’s GDPR policy.

Please be aware that we may contact you by email or request a zoom meeting to clarify information provided on this form.

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| **Section 1** | **Contact Details** |
| **First name(s)** |  |
| **Surname** |  |
| **Mobile** |  |
| **Landline** |  |
| **Email** |  |

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| **Counselling/Psychotherapy Practice Website Address** |  |

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| **Section 2** | **Professional Memberships** | | |
| **Membership Number** | | **Professional Body** | **Dates From & To** |
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| **Section 3** | | **Counselling/Psychotherapy Training** | | | | |
| Please list all counselling/psychotherapy training (please add rows or an extra sheet if necessary). | | | | | | |
| **Dates from & to** | **Training course details[[1]](#footnote-2) to include:**  **Title**  **Name of Training Institution**  **Website** | | **Qualification Level** | **Validating Body** | **GLH[[2]](#footnote-3)** | **Placement hours[[3]](#footnote-4) Supervised counselling practice hours related to the course** |
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| **Section 4** | **Supporting Information Related to Counselling Training & Approach (please answer all questions that are applicable to you)** |
| Please write any comments or explanations that you think the assessors might need to understand, related to your above listed training. | |
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| Please indicate if your training enables you to access accreditation with a counselling professional membership body e.g. BABCP, AFT and at what level. | |
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| For counselling training please provide a breakdown description or transcript of the modules studied. | |
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| Please describe your approach and/or philosophy of counselling (maximum 500 words). | |
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| Please include (or as separate attachments) the course curriculum associated with each training course. If providing links to published curriculum on college websites, please ensure that the links are for the relevant webpage (i.e. not to the home page of the college or training institution). | |
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| If you have trained and worked in the UK but have not yet joined a PSA accredited counselling register, please detail how you have kept abreast of professional requirements for working as a counsellor. | |
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| **Section 5** | **Supporting Information Related to Counselling Training outside the UK (please answer all questions that are applicable to you)** |
| If you trained in another country to the UK, please reflect on the cultural and professional differences between your training and practice context and the UK professional and cultural landscape (maximum 350 words). | |
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| If you trained in another country to the UK, does your training allow you to work as a professional counsellor and does your training allow you to be eligible for accreditation with a professional counselling membership body in your training country? | |
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| **Section 6** | | **Supervised Counselling Practice** | |
| **Outline summary practice hours gained post qualification in different settings over last three years (if any)**  Counselling hours are hours spent intentionally providing counselling or psychotherapy services to a client, patient or service user. This is normally an intentional activity, where the therapist and client enter into a formal contract to meet regularly for an agreed period of time, and where a therapeutic relationship is established and sustained. The counsellor uses knowledge and skill gained through training and practice experience to select and utilise various known approaches and interventions in order to help the client resolve their psychological difficulties and/or cope with life challenges. Psychological difficulties include issues that overlap with a client’s faith and spirituality. Counselling practice in the U.K. requires that a counsellor has a supervisor and professional indemnity insurance.  Counselling hours recorded on this section of the form cannot therefore be hours spent in providing pastoral care and support, spiritual direction and/or chaplaincy. However, hours spent in an employment (paid or voluntary) that have the key attributes of a counselling relationship as described above, may be accepted. Where an applicant wishes these hours to be taken into account they need to provide supporting information in the section that follows. | | | |
| **Dates** | **Details of counselling practice setting or private practice** | | **Hours** |
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|  | **Supervision arrangements for above** | |  |
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| **Supervised Counselling Practice (supporting information)** |
| **Please use the spaces below if you need to explain details of pre or post qualifying hours that you are wanting ACC to consider as part of your counselling practice experience, but have not been gained in a standard UK counselling context. You will need to describe the setting and address the following:** |
| Under what agreement or contract were you seeing clients (for example a contract of employment or a service description)? |
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| What service did the client believe they were coming for? |
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| What were the arrangements in terms of number of sessions on offer, assessment and referral practices, payment (if any)? |
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| What approaches and interventions were within the scope of the service? |
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| What boundaries were in operation (e.g. confidentiality/limits to confidentiality; existence of dual relationships / avoidance of dual relationships)? |
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| What ethics and practice guidelines were in place for the service? |
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| **Section 7** | **Reference from a Professional Sponsor** |
| **This section is to be completed by someone who can support your application from a professional perspective, for example, a course tutor, current supervisor or clinical manager.**  **Please copy and paste the texts below, email them to your sponsor and request that they email the reference to** [**registrar@acc-uk.org**](mailto:registrar@acc-uk.org)**.**  Dear [insert name of Sponsor]  [insert your name] has applied to become a registered counsellor with the Association of Christian Counsellors. He/she has nominated you as someone who can give them a professional reference. Please can you respond to the questions below and email the answers to registrar@acc-uk.org.   1. For how long and in what capacity do you know the applicant? 2. What is your counselling/psychotherapy training/qualification and experience? 3. In your professional opinion is the applicant a competent counsellor/psychotherapist, trained and/or working within a good practice and ethical framework? 4. Do you have any professional reservations about recommending the applicant for registered counsellor membership of ACC? 5. Is there anything else that you think it relevant for us to know? | |

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| **Section 8** | **CPD Examples** |
| Please provide some examples of CPD training that you have undertaken. This might be useful if there is a borderline equivalence on foundational/qualifying counselling training curriculum content and hours. | |
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| **Section 9** | **Further Information in Support of your Application** |
| Please provide a statement explaining why you would like to join the ACC register (maximum 250 words). | |
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| Please use the space below if you need to explain any other details about training, practice or supervision that could be useful. | |
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| **Section 10** | **Christian Sponsor** |
| **This section is to be completed by someone who is able to verify your identity as a Christian. It can be someone in leadership in your church or fellowship community, or a prayer partner or similar.**  **Please copy and paste the texts below, email them to your sponsor and request that they email the reference to** [**registrar@acc-uk.org**](mailto:registrar@acc-uk.org)**.**  Dear [insert your sponsors name]  [insert your name] is applying for registered membership of the Association of Christian Counsellors. As part of the application process, he/she needs to have someone who can confirm their identity as a Christian. Please can you respond to the questions below and email the answers to registrar@acc-uk.org.  Please note that there is no requirement for you to comment on or assess any aspect of their faith, for example the strength of their faith or adherence to doctrines.   * 1. For how long and in what capacity do you know the applicant?   2. As far as you are aware, is this person someone who identifies as Christian?   3. Is there anything else that you think it relevant for us to know in relation to their application to become a registered member of the Association of Christian Counsellors? | |

| **Application Check List** | | **Y/N** | **Included Y/N** |
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| **1** | I have provided evidence that I have 300 hours of counselling training that meet ACC’s criteria for entry level standard. |  |  |
|  | Certificates and transcripts/descriptions of all core/foundation counselling training, and web address of training provider are included. |  |  |
|  | Certificates and if available transcripts/descriptions relating to further training, for example, higher diplomas, master’s degrees, supervision qualifications etc., and web address of training provider (If not available online summary of the course programme). |  |  |
| **2.** | I have requested separate references from a Professional and a Christian Sponsor, both of which have been emailed to ACC’s registrar. |  |  |
| **3.** | Where applicable, I have provided summary practice hours gained post qualification in different settings and totals for accompanying supervision for the last three years of practice. |  |  |
| **4.** | Where applicable I have provided examples of CPD training. |  |  |
| **5.** | I have paid the fee. |  |  |
| Any other enclosures sent (please make separate list below of what these are and why you have included them) | |  |  |

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| **Commitments** | | |
| I can confirm I have considered and am committed to: | | |
| a) practising in accordance with ACC’s Code of Ethics and Practice |  |  |
| b) keeping appropriate records of my Counselling/Supervision Practice/s |  |  |
| c) keeping appropriate records of supervision of my Counselling/Supervision practice |  |  |
| d) maintaining the annual minimum of CPD appropriate to my role and membership category |  |  |
| e) having supervision appropriate to my role and membership category, client profile, and practice hours |  |  |
| f) notifying ACC if I have any outstanding complaints |  |  |
| j) ensuring that in all settings I am covered by appropriate professional liability insurance |  |  |
| **If you have had to answer ‘no’ to any of the above, please give an explanation and any further information below:** | | |

Thank you for completing all sections related to Equivalence and for paying the required fee.

Please email the completed form and any supporting/requested documents to [registrar@acc-uk.org](mailto:registrar@acc-uk.org).

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| **Signed** |  | **Date** |  |

1. For joint honours courses, for example Theology and Counselling, the course must include substantial study of counselling/psychotherapy theory and practice. [↑](#footnote-ref-2)
2. Guided learning hours indicate the time a learner is being taught, instructed or participating in education or training under guidance or supervision of a tutor, lecturer etc. (This can also include assessment time.) For membership of ACC you need to evidence a minimum of 300 guided learning hours. [↑](#footnote-ref-3)
3. Supervised counselling practice hours in a clinical placement as an integral part of the course [↑](#footnote-ref-4)