



Catholic Marriage Care Service

PRIVATE AND CONFIDENTIAL TO ACCORD

**APPLICATION FORM 2015
TRAINING PROGRAMME IN PERSON CENTRED
COUPLE COUNSELLING
FOR EXPERIENCED COUNSELLORS**

Name: _____

Address: _____

Home Tel: _____ Mobile: _____

Personal email address: _____
(essential as all correspondence will be sent by email)

Occupation: _____

**Closing date for receipt of application is April 20th, 2015
(the closing date has been extended to 11th May, 2015)**

Please send to:

**Breda Landy Horgan
ACCORD Central Office
Columba Centre
Maynooth
Co Kildare
bhorgan@accord.ie
01 5053101**

(Include copies of degree, diploma)

EDUCATION:

School /College /Institution	Year	Subjects taken	Exam Results Obtained

Counselling Training Completed (Part & Fulltime)

(Begin with most recent)

Name of College/Institution: _____

Commencement Date: _____ Duration of course: _____

Theoretical Approach/es studied: _____

No. of counseling hours delivered during training: _____

No of supervision hours received during training: _____

No of personal therapy hours attended during training: _____

Qualification achieved: _____

Counselling Training Completed (Part & Fulltime)

Name of College/Institution: _____

Commencement Date: _____ Duration of course: _____

Theoretical Approach/es studied: _____

No. of counseling hours delivered during training: _____

No of supervision hours received during training: _____

No of personal therapy hours attended during training: _____

Qualification achieved: _____

Give a brief description of your knowledge and experience of Person Centred Counselling :

Give a brief description of your post-graduation counselling caseload and experience to date :

No.of counselling/therapy hours you delivered post graduation: _____

Number of supervision hours you have received post graduation: _____

Individual Supervision hours: _____ Group Supervision hours: _____

Counselling Employment History - Brief outline starting with the most recent

Dates

Employer/Organisation and Role

_____	_____
_____	_____
_____	_____
_____	_____

Are you an accredited counsellor/therapist? _____

Name of Accrediting Body you are a member of: _____

Date of current accreditation From: _____ To: _____

Outline briefly your reasons for applying to become a member of ACCORD Catholic Marriage Care Service as a Marriage and Relationship counsellor:

On a separate sheet outline in 1,000 words (approximately) how your learning from significant life experiences (family, relationships, work) has contributed to your suitability to train as a person centred couples counsellor with ACCORD Catholic Marriage Care Service.

Describe your modality as a counsellor and your experience of Person Centred Counselling to date:

Is self awareness important for counsellors/therapists? Outline the rationale for your view.

**Outline your understanding of the commitment necessary to work as an ACCORD
Marriage and Relationship counsellor:**

Give the names & contact information of two people (relevant to the counselling profession, not related to you, not supervising you or not working with you as a personal therapist) that ACCORD may contact for character references:

Name: _____
Position: _____
Address: _____

Phone: _____ E-mail: _____

Name: _____
Position: _____
Address: _____

Phone: _____ E-mail: _____

I declare that all information given by me in this application is true and complete to the best of my knowledge. I understand that any misstatements or omissions of fact constitute grounds for non selection or de-selection. I hereby give permission for contact to be made with all relevant persons.

Membership of ACCORD is contingent upon reference checks and a satisfactory outcome to the ACCESSNI/Garda Vetting process.

Applicant : _____ **Date:** _____

Please number in order 1, 2, 3 the Centres you have a preference to join:

Dublin Centres				Northern Ireland Centres
Ballymun	Ballina	Ennis	Nenagh	Armagh <small>(located in Portadown)</small>
Blanchardstown	Ballinasloe	Galway	Newbridge	Ballymena
Bray	Bantry	Inishowen	Portlaoise	Belfast
Clondalkin	Carlow	Kilkenny	Sligo	Derry
Dun Laoghaire	Castlebar	Killarney	Thurles	Downpatrick
Harcourt Street	Cavan	Letterkenny	Tipperary	Enniskillen
Lucan	Charlestown	Limerick	Tralee	Maghera
Marino	Clonmel	Limerick West	Tuam	Newry
Phibsborough	Cloyne	Longford	Tullamore	Omagh
Swords	Drogheda	Monaghan	Waterford	
Templeogue		Mullingar	Wexford	

Supervisors Report

CONFIDENTIAL

Name of Applicant: _____

Applicant's Address: _____

The above named applicant has applied for selection to commence training as a Person Centred Couples and Relationships Counsellor. A supervisor's report on her/his suitability is required prior to selection. The applicant must have been in supervision with you for a minimum of 12 months prior to your completion of this report. In cases where the supervision contract has been in place for less than 12 months we would ask that you complete this report which will then be accompanied by a report from the applicants previous supervisor.

Supervisor's Name: _____

Address: _____

How long have you been working as a supervisor ? _____

Qualification in Supervision : _____

Date Achieved: _____

Are you an accredited supervisor ? _____ Accrediting Body: _____

Dates of current accreditation: From: _____ To: _____

Method of Supervision:

Supervision experience to date:

(1) How long has the applicant been in supervision with you? _____

(2) Do you consider the applicant to be a competent and ethical counselor?
Yes _____ No _____

If yes outline your reasons:

3) Please indicate if there is any reason why the selection of this applicant, at this time, could have a negative impact on either the applicant or on ACCORD.

4) What modality does the applicant use when working with clients?

5) Any comments you feel may help in the assessment process:

I declare that all information given by me in this application is true and complete to the best of my knowledge. I understand that any misstatements or omissions of fact constitute grounds for non selection or de-selection of applicant .

Supervisor : _____ **Date:** _____

VISION STATEMENT

ACCORD Catholic Marriage Care Service is an agency of the Catholic Church providing an all island professional service to couples preparing for or seeking a deeper commitment within the sacrament of marriage.

ACCORD is committed to providing a quality service. Personnel, coming from a wide variety of backgrounds, are professionally trained.

ACCORD responds to the challenges facing Christian marriage today and affirms its value in an ever-changing world. It empowers couples to explore and reflect on:

- ◆ the essential elements of their marriage/relationship
- ◆ the purpose and value of their choices within a committed relationship

ACCORD serves the pastoral needs of couples at different stages in their relationship/marriage

* **Ongoing support** throughout marriage facilitates:

- the development of strategies for the emotional, spiritual, and psychological well being of couples and consequently the well being of children
- reflection on the Christian experience of love, commitment and family life

* **Relationship counselling** is provided for couples as well as individuals in a couple relationship in a caring and confidential manner. It is a twofold process enabling clients to identify and acknowledge difficulties in their relationship and to discover the inner resources to deal with them.

MISSION STATEMENT

Empowering people
Fostering Relationships
Caring for Couples facing
the Challenges of Christian
Marriage.

All applicants should be familiar with ACCORD's Vision and Mission Statements

Cost of training

ACCORD is a voluntary organisation providing a professional counselling service to all who request it, regardless of ability to pay. Successful applicants have their training fees and supervision for their ACCORD caseload funded by ACCORD.

Continuing Professional Development opportunities are also provided by ACCORD.

Trainees are required to contract with ACCORD to repay part of the cost of their training by delivering the number of counselling sessions required as part of their training. Thereafter counsellors are required to complete the agreed number of voluntary commitment sessions annually. If, for any reason, a trainee cannot fulfil this requirement, he/she will be required to repay any outstanding fees.

All other costs, including personal therapy costs, are met by the trainee.

