



## Certificate in Counselling ( Marriage & Relationship)

For qualified and experienced counsellors/therapists with a current supervised caseload wishing to train as in person and online Couples and Relationships Counsellors  
Level 8, 20 credits on the National Framework of Qualifications (NFQ) ; Level 6 (England, Wales & NI)

Name:

Address:

Home Telephone No:

Mobile Telephone No:

Personal e-mail:

A **personal** e-mail address is essential - it will be used for all correspondence.  
Business/academic/work e-mail addresses **must not** be used.

**Private and Confidential to ACCORD**

**Completed application forms to be emailed to:**

**Breda Landy Horgan**

**E mail: [bhorgan@accord.ie](mailto:bhorgan@accord.ie)**

**Closing date for applications: Friday, 3rd May, 2024**

Training will be delivered in-person except on occasions when SPPU safety regulations indicate otherwise. Training will take place within the campus of St Patrick's Pontifical University, Maynooth, Co. Kildare.

All training sessions will be scheduled on weekends (Saturdays & Sundays) - 16 days. It is essential that all applicants have stable broadband, a PC/laptop with Zoom installed, and are competent in the use of Microsoft Word, email, and the use of Zoom for video conferencing.

Please note that this course will commence if there is a sufficient demand from Accord Centres and an adequate number of candidates is selected.

College	Subject/s	Year of Graduation	Qualification/Level Obtained

**Counselling Training Completed (Part & Fulltime - start with most recent)**

Name of College: \_\_\_\_\_

Course Title: \_\_\_\_\_ Level: \_\_\_\_\_

Start Date: \_\_\_\_\_ Duration of course: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

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: \_\_\_\_\_

Award Received: \_\_\_\_\_ Level: \_\_\_\_\_

**Counselling Training Completed (Part & Fulltime)**

Name of College: \_\_\_\_\_

Course Title: \_\_\_\_\_ Level: \_\_\_\_\_

Start Date: \_\_\_\_\_ Duration of course: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

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: \_\_\_\_\_

Award Received: \_\_\_\_\_ Level: \_\_\_\_\_

**Give a brief description of your knowledge of and experience of working in the Person Centred style:**

**Give a brief description of your post-graduation counselling caseload and experience as a counsellor/therapist to date :**

Number of counselling/therapy hours you have 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 a member of an accrediting body? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a pre-accredited counsellor/therapist? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you an accredited counsellor/therapist? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Accrediting Body \_\_\_\_\_

Date of current accreditation From: \_\_\_\_\_ To: \_\_\_\_\_

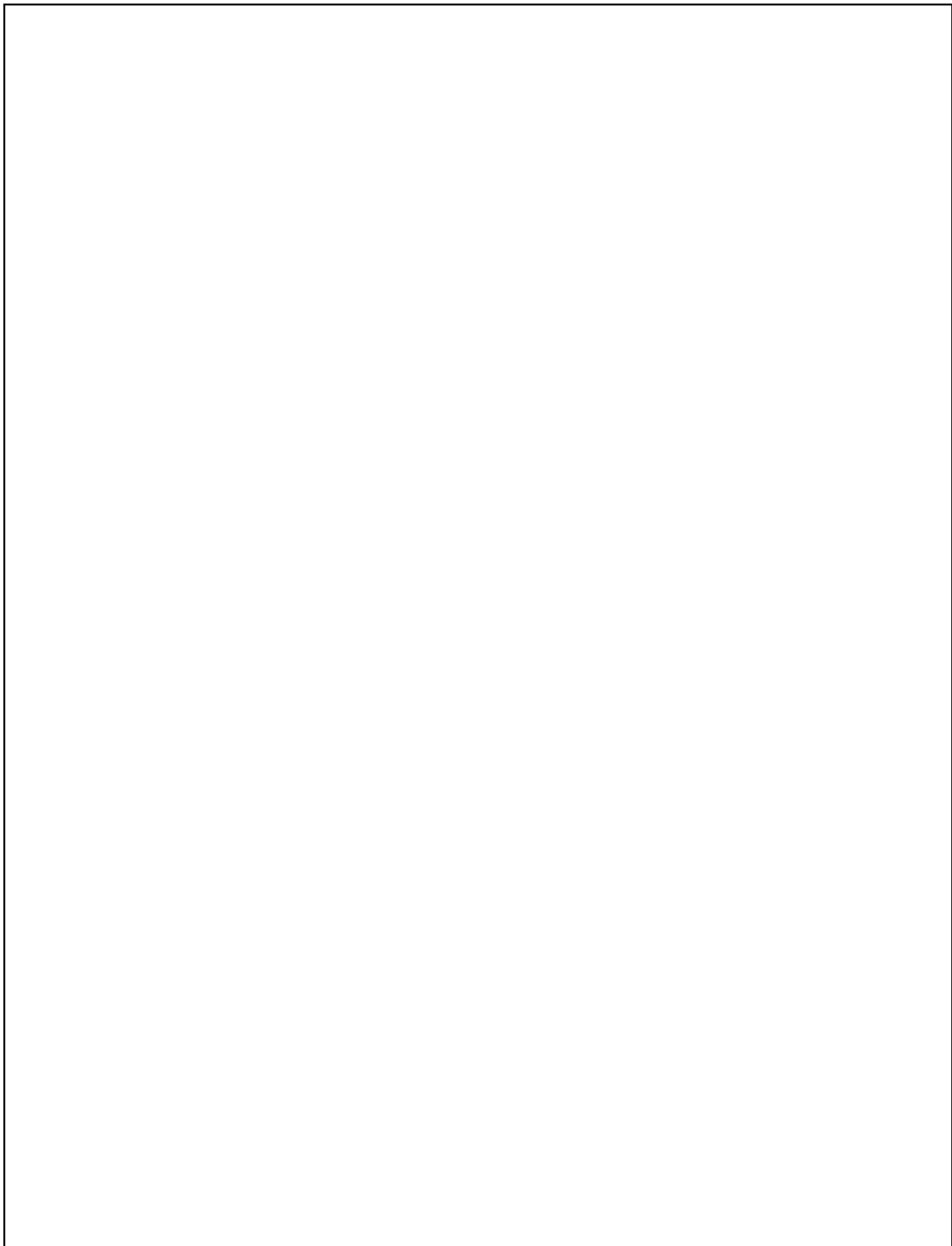
**Outline your reasons for applying to ACCORD Catholic Marriage Care Service to train as a Person Centred Couples and Relationships counsellor:**

**Describe your modality as a counsellor / therapist 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  
Couples and Relationships Counsellor:**

**Outline how your learning from your significant life experiences (family, relationships, work) has contributed to your suitability to train as a Person Centred Couples Counsellor with ACCORD. (850 - 1,000 words)**



Please give the names & contact information of two people (relevant to the counselling/therapy 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:	_____
Profession:	_____
Address:	_____ _____ _____
Phone:	_____
E-mail:	_____

Name:	_____
Profession:	_____
Address:	_____ _____ _____
Phone:	_____
E-mail:	_____



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

	ACCORD CLG			
	Athlone	Dundalk	Navan	
	Ballaghaderreen	Ennis	Nenagh	
	Ballinasloe	Galway	Newbridge	
	Carlow	Inishowen	Portlaoise	
	Castlebar	Kilkenny	Sligo	
	Cavan	Killarney	Thurles	
	Clonmel	Letterkenny	Tralee	
	Cloyne	Limerick	Tullamore	
	Drogheda	Limerick West	Waterford	
		Monaghan	Wexford	
		Mullingar		

**PREVIOUS TRAINING WITH ACCORD**

Please complete as relevant (where options are given, use 'x' to indicate chosen option):

**Have you applied previously to train with ACCORD? YES \_\_\_\_\_ NO \_\_\_\_\_**

**If Yes, year of previous application: \_\_\_\_\_**

**For which service? Counselling \_\_\_\_\_ Marriage Education \_\_\_\_\_**

**What was the outcome of the selection process?**

**Selected \_\_\_\_\_ Not Selected \_\_\_\_\_**

**Did you commence training ? YES \_\_\_\_\_ NO \_\_\_\_\_**

**If Yes, Date: \_\_\_\_\_**

**Did you complete training? YES \_\_\_\_\_ NO \_\_\_\_\_**

**If Yes, Date: \_\_\_\_\_**

**Training Fees and Expenses:**

ACCORD is a registered charity providing a professional couple and relationship counselling service. Successful applicants have their training fees and supervision for their ACCORD placement caseload funded by ACCORD.

All other expenses incurred during attendance at training are met by the student

Trainees are required to contract with ACCORD to deliver 100 sessions during the pre-Graduation placement phase. If, for any reason a trainee counsellor cannot fulfill this requirement, they may be required to repay outstanding fees.

I confirm that all the information supplied by me in this application is factually correct. I understand that any misstatements or omissions of fact constitute grounds for non selection or de-selection.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## VISION STATEMENT

ACCORD Catholic Marriage Care Service is an agency of the Catholic Church providing an all-island 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 appropriately 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.
- ◆ the purpose and value of their choices within a committed relationship.

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

- \* **Preparation for marriage** in a Christian context focuses on the essential components which foster a good couple relationship:
  - lifelong commitment.
  - communication and conflict resolution skills.
  - responsible parenthood within a faith context.
  - time and resource management.
- \* **Ongoing support** throughout marriage facilitates:
  - the development of strategies for the emotional, spiritual, and psychological well-being of couples.
  - 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, and develop the skills and strategies necessary to deal with them.

## MISSION STATEMENT

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

**This is the work of ACCORD  
In today's world.**

**ACCORD requires that all prospective candidates are familiar with our Vision Statement and our Mission Statement so that they are fully informed of ACCORD's ethos.**

## Supervisor's 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 their 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 ask that you complete this report which will then be accompanied by a report (pages 14 & 15) from the applicant's 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 ? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes - Accrediting Body: \_\_\_\_\_

Dates of current accreditation: From: \_\_\_\_\_ To: \_\_\_\_\_

Method of Supervision: \_\_\_\_\_

Experience as a supervisor 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 counsellor?

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 predominantly use when working with clients..

5) Please add comments you feel may help in the application assessment process:

I declare that all information given by me in this report 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:** \_\_\_\_\_

## Previous Supervisor's Report

**TO BE USED IN CASES WHERE THE APPLICANT HAS BEEN WITH THEIR  
CURRENT SUPERVISOR FOR LESS THAN ONE YEAR**

**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 their 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.

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

How long have you been working as a supervisor? \_\_\_\_\_

Qualification in Supervision : \_\_\_\_\_

\_\_\_\_\_

Date Achieved: \_\_\_\_\_ Are you an accredited supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes - Accrediting Body: \_\_\_\_\_

Dates of current accreditation: From: \_\_\_\_\_ To: \_\_\_\_\_

Method of Supervision: \_\_\_\_\_

Experience as a supervisor to date:

(1) How long was the applicant in supervision with you? \_\_\_\_\_

(2) Do you consider the applicant to be a competent and ethical counsellor?

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 predominantly use when working with clients?

5) Please add comments you feel may help in the application assessment process:

I declare that all information given by me in this report 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:** \_\_\_\_\_