

## Certificate in Person-Centred Couple Therapy

For qualified and experienced counsellors/psychotherapists with a current caseload  
wishing to train as Couple Therapists

# APPLICATION FORM 2026/2027

Name:

Address:

Home phone No:

Mobile phone No:

Personal e-mail:

**A personal e-mail address is essential - it will be used for all correspondence.  
In the interest of confidentiality Business/Work e-mail addresses must not be used.**

### Private and Confidential to ACCORD

**Applications on this official application form only,  
including Supervisors' Reports to: [bhorgan@accord.ie](mailto:bhorgan@accord.ie)**

**Closing Date for receipt of Applications: 30 April 2026**

**In Year One training will take place in-person in Maynooth, Co Kildare, over 8 weekends, one weekend per month from September 2026 to April 2027. (dates to be confirmed). Two further in-person weekends will take place in Year Two, alongside placement and additional academic assessments.**

Please note that this course will go ahead if there is a sufficient demand from Accord Centres for additional couple therapists and a sufficient number of candidates are selected.

**EDUCATION:**

<b>School /College /Institution</b>	<b>Year Completed</b>	<b>Subjects taken</b>	<b>Exam Results Obtained</b>

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

Name of College/Institution: \_\_\_\_\_

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

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

Theoretical Approach/es studied: \_\_\_\_\_

No. of counselling hours delivered during training: \_\_\_\_\_

No of supervision hours received during training: \_\_\_\_\_ Indiv \_\_\_\_\_ Group \_\_\_\_\_

No of personal therapy hours attended during training: \_\_\_\_\_

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

Name of College/Institution: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Duration: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

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

Theoretical Approach/es studied: \_\_\_\_\_

No. of counselling hours delivered during training: \_\_\_\_\_

No. of supervision hours received during training: \_\_\_\_\_ Indiv \_\_\_\_\_ Group \_\_\_\_\_

No. of personal therapy hours attended during training: \_\_\_\_\_

**Give a brief description of your knowledge and experience of Person-Centred Counselling /Therapy:**

**Give a brief description of your post-graduation counselling /therapy 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/Organization 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: \_\_\_\_\_

**Please outline your reasons for applying to ACCORD CLG to train as a Person-Centred Couple Therapist:**

**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 Couple Therapist with ACCORD.**

**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 Couple Therapist**

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:	<hr/> <hr/> <hr/>	
Profession:	<hr/> <hr/> <hr/>	
Address:	<hr/> <hr/> <hr/>	
Phone:	<hr/>	E-mail: <hr/>

Name:	<hr/> <hr/> <hr/>	
Profession:	<hr/> <hr/> <hr/>	
Address:	<hr/> <hr/> <hr/>	
Phone:	<hr/>	E-mail: <hr/>

**Membership of Accord CLG and Accord NI is contingent upon successful reference checks and Garda Vetting (ROI) and Access NI (NI)**

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

<b>Accord CLG Centres ROI</b>	<b>Accord CLG Centres ROI</b>	<b>Accord CLG Centres ROI</b>	<b>Accord Northern Ireland Centres</b>
Athlone	Ennis	Nenagh	x
Ballaghdeereen	Galway	Newbridge	x
Ballinasloe	Inishowen	Portlaoise	
Carlow	Killarney	Sligo	
Castlebar	Letterkenny	Thurles	
Cavan	Limerick	Tralee	
Clonmel	Limerick West	Tullamore	
Cloyne (Fermoy)	Monaghan	Waterford	
Drogheda	Mullingar	Wexford	
Dundalk	Navan		

**Please complete as relevant:**

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

**If Yes :**

**Year of previous application:** \_\_\_\_\_

**For which service? Couple Therapy**  **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:** \_\_\_\_\_

### **Cost of training**

ACCORD CLG is a voluntary organisation providing a professional couple therapy service. Successful applicants have their training fees and supervision for their ACCORD caseload funded by ACCORD. Following completion of training Continuing Professional Development opportunities are also provided by ACCORD.

Trainees are required to contract with ACCORD to **deliver 100 placement sessions as part of their training programme**. If, for any reason a trainee couple therapist cannot fulfil this requirement, they will be required to repay outstanding training costs. They also agree to counsel with ACCORD CLG for **a minimum period of three years following their graduation in either a voluntary or in an employee capacity**.

**Other costs**, including travel, accommodation and subsistence are met by the trainee for the duration of the training period.

I declare that all the above statements and information are true and complete to the best of my knowledge.

I understand that any misstatement or omission of facts constitute grounds for non-selection or withdrawal.

I hereby give permission for contact to be made with all relevant persons.

**Candidate's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete this form and return by email to:

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

Breda Landy Horgan,  
ACCORD Catholic Marriage Care Service,  
Columba Centre,  
Maynooth,  
Co. Kildare  
W23 P6D3

**Closing date for receipt of applications is 30 April 2026**



## **VISION STATEMENT**

ACCORD CLG 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.

\***Couples and Relationship counselling /therapy** 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.

**Accord is an inclusive organisation and welcomes all couples and individuals seeking support to improve their couples relationships.**

## **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 to be selected to commence training as a Person Centred Couples and Relationships Counsellor/Therapist. 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 ask that you complete this report which will then be accompanied by a report 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:  
\_\_\_\_\_  
\_\_\_\_\_

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 counsellor?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes outline your reasons:

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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.

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

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

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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:** \_\_\_\_\_

## Previous Supervisor's Report

(if with current supervisor for less than 12 months)

**CONFIDENTIAL**

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

The above named applicant has applied to be selected to commence training as a Person Centred Couples and Relationships Counsellor/Therapist. 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 applicant's supervision contract has been in place for less than 12 months we ask that you, as their previous supervisor, complete this report which will then be accompanied by a report from the applicant's current 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:  
\_\_\_\_\_  
\_\_\_\_\_

Supervision experience 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:

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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.

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

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

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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:** \_\_\_\_\_