



Alcohol Concern

the national agency on alcohol misuse

Work experience report

You must provide evidence that you meet the work experience requirements for certification, whether this was on a paid or voluntary basis.

Your work experience should be summarised using the attached form. Use one form per period of employment, photocopying as necessary.

You should provide details of all relevant employment to which your application relates, to cover the required total experience set out in the criteria.

The information you provide with regard to each placement / period of employment should be verified in each case by the person who was managing you at that time, or by the person who is now manager of the service concerned.

Note - only drug or alcohol related counselling experience will be accepted towards certification. Also all experience must be supervised to be counted towards certification, in line with the following requirements:

- For those providing ten or more hours of counselling per week the requirement is at least one hour of supervision per week. For those providing less than ten hours of counselling per week, at least one hour of supervision is required for every ten hours of counselling, or at least one and a half hours of supervision per month, whichever is the greater.
- Up to one third of the supervision requirement may be met through supervision in groups of up to six supervisees.

Applicant's Name:

Employer/agency:

Contact details for employer/agency [address, telephone, email & website (if applicable)]:

Period of employment/placement:

Role title:
[Qualified counsellor / Voluntary counsellor / Counsellor in training / Other (please specify)]

Hours per month in direct client contact (drug/alcohol related only):

Hours per month in individual supervision:

Hours per month in group supervision (max six per group):

Verification

I was the applicant's manager during the period of employment referred to above / I am now the manager of the service concerned [delete as applicable]

I hereby verify the accuracy of the information provided above and confirm that the applicant met the requirements for on-going supervision during their period concerned.

Signed:

Date: