

Federation of Drug and Alcohol Professionals



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Part of NAADAC - Registered charity no. 1075222

NCAC RE-ACCREDITATION APPLICATION FORM

PERSONAL DETAILS

Title (Mr, Mrs, Ms, etc)	
First Name(s)	
Last Name	
Address	
Country:	
Postcode:	
Telephone:	
Email:	

MEMBERSHIP

Category of membership (delete as applicable)	Full member / Associate member (employee or student of affiliated agency)
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INSURANCE

I confirm I have my own professional indemnity insurance - and attach a copy of my insurance certificate. [Applicants in private practice should provide a copy of their certificate, those solely employed by an agency should attach confirmation of this countersigned by their employer, as per appendix 1.]	Yes / No
I am not currently practising - and am therefore not required to have my own insurance - but I understand that if I start practising again (full or part-time) I will arrange insurance and advise FDAP of my change in status.	Yes / No

SUPERVISION

I confirm I have clinical supervision in line with the requirements set out in the appendices (appendix 2).	Yes / No
I confirm I have no relationship (on a personal or professional level) with my supervisor other than a clinical supervision relationship. [If you do have a personal or professional relationship with your supervisor please supply details on a separate sheet]	Yes / No
I am not currently practicing and am therefore not required to have supervision.	Yes / No

SUPERVISOR DETAILS

Title (Mr, Mrs, Ms, etc)	
First Name(s)	
Last Name	
Address	
Country:	
Postcode:	
Telephone:	
Email:	

[Notes: Should you have more than one supervisor please provide details on a separate sheet. FDAP retain the right to contact your supervisor to confirm of supervision arrangements and/ or to obtain details of his/ her qualifications/ supervisory experience as deemed necessary.]

Continuing professional development (CPD)

CPD over the last 3 years (See appendix 3 for requirements. CPD is still a requirement for those not practising)	Category	Hours

Complaints

I confirm that I am not currently the subject of any professional complaint. [If you are the subject of a professional complaint please supply details on a separate sheet]	Yes / No
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Declaration

I declare that to the best of my knowledge and belief the information provided here is correct, and understand that my accreditation may be invalidated if any of it is found to be incorrect.	
Signed _____	Date _____
Print Name _____	
FDAP reserve the right to withdraw accreditation or membership in the event any of the information provided is subsequently found to be incorrect.	

APPENDIX 1

INSURANCE FOR EMPLOYED STAFF

For the protection of a practitioner's clients FDAP deem it is essential that practitioners are covered for their professional liabilities.

If you work entirely on an employed basis, you may not need to have insurance of your own. However, we need to have this confirmed by you and your employer.

Applicant

I confirm I am a employee of the organisation named below and do not carry out any private work. In the event I do take private clients or set up my own practice during my period of accreditation with FDAP, I will obtain separate Professional Liability Insurance to cover this.

Signed _____ Date _____

Print Name _____

Employer

I, the undersigned, confirm that _____, as an employee of _____, is covered by us for any professional liability.
I declare that to the best of my knowledge and belief the information provided here is correct, and understand that my accreditation may be invalidated if any of it is found to be incorrect.

Signed _____ Date _____

Print Name _____

Position _____

[Note - this should be completed by an authorised officer of the organisation.]

APPENDIX 2

SUPERVISION 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.

APPENDIX 3

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You must provide evidence of continuing professional development (CPD) in at least three of the following categories during the period prior to your reaccreditation application.

A minimum total of sixty hours over the three years is required thirty of which should fall under categories A to C. Wherever practical you should aim to average out your training on an annual basis.

You must provide documentary evidence you have completed the hours being claimed. This should either be in the form of a certificate but if this is not practical it should be in the form of a letter from the training organisation concerned, or from your employer / supervisor at the time if they are able to validate the hours claimed.

A Practical courses relevant to professional practice

Topics covered should be relevant to professional practice in the alcohol and drug field. They must include some practical elements and not solely have been delivered in lecture/seminar format.

B Attendance at Seminars and Conferences

Themes presented must have been relevant to professional practice in the alcohol and drug field.

C Education relevant to professional practice

Education evidence submitted must be from an institution deemed qualified to deliver such education. Topics covered should be relevant to professional practice in the alcohol and drug field.

D Involvement in the professional development of others

This does not include the professional practitioner supervision of others. For example, areas deemed applicable are designing courses, facilitating courses, training sessions, speaking at conferences, writing articles relevant to professional practice in the field, research, encouraging the development of others through initiatives relevant to professional practice.

E Service to the profession

Working on committees/in groups relevant to the field, paid or voluntary, the primary purpose of which is to help develop the representation of the field to others.

F Practitioner Personal Development (PPD)

Commitment to human growth groups/self help groups, personal therapy, acquiring new skills relevant to professional practice (e.g. familiarisation with information technology), and time spent on retreats/sabbaticals.