

Federation of Drug and Alcohol Professionals



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Part of NAADAC - Registered charity no. 1075222

Work experience report

This report is to be completed by the applicant.

The evaluators require you to provide evidence that you meet the work experience requirements for accreditation, whether paid or voluntary. Your work experience report should be summarised using the attached form. Use one form per period of employment, photocopying as necessary. You need to provide details of all relevant employment to which your application relates, to cover the required total experience set out in the accreditation criteria.

The information you provide should be verified in each case by the person who was head of the department in which you worked at that time. If you are unable to locate the head of department at that time you were working there, please notify the evaluators of this fact and instead provide verification from the director of the service at that time, the current head of the department concerned or the current director of the service.

If you are unable to secure verification from any of the above, the evaluators may be prepared to accept verification from a fellow professional in the field, provided they knew you in at the time of your employment, and you are able to give an adequate explanation as to why you have been unable to provide a verification from your employer. You will need to provide details of the qualifications and experience of any third party verifier and of how long they have known you. While the evaluators may be prepared to show some flexibility on this, a third party verifier would generally be expected to fall in to one of the following categories - a holder of FDAP NCAC accreditation; a current FDAP UK member of more than 5 years standing; UKCP registered counsellor; a BACP / UKRC accredited counsellor; a BPS Chartered Psychologist; or someone holding FRCP status.

Applicant's Name:

Employer/agency:

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

Period of employment [from DD/MM/YY to DD/MM/YY]:

Your job title:

Your role [Qualified counsellor / Voluntary counsellor / Counsellor in training / Other (please specify)]:

Brief outline of work [describe in brief the nature of the service in which you worked, your typical case load, and client profile (age, %age presenting primarily with each of the following - drugs, alcohol, other problems):

Hours per month in direct client contact [Give approx. average figure for each category]:

- Individual work:
- Group work:
- Working with significant others:
- Total of above:

Hours per month in individual supervision:

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

Verification

I hereby verify the accuracy of the information provided above.

[Please sign and date below, and indicate in what capacity you are acting as verifier [eg head of department at the time/ director of service at the time/ current head of department detailed above / current director of the service detailed above, other (note a third party verifier must detail their own qualifications to act in this capacity, with reference to the requirements outlined on the previous page)]

Capacity in which acting as verifier:

Current role, employer and contact details:

Signed:

Date: