

Federation of Drug and Alcohol Practitioners



Box 200
143 Kingston Road, London
SW19 1LJ
e: fdap@smmgp.org.uk w: www.fdap.org.uk

Part of SMMGP Reg Charity #1144964

APPLICATION FORM

Your details

FDAP member number:							
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Title (Mr, Mrs, Ms, other):

First name(s):

Surname:

Address:
Postcode:

Daytime phone number:

E-mail address:

May we contact you by e-mail?	Yes		No	
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How would you like your name to appear on any accreditation certificate we send you?

(For example, William Smith, W Alan Smith, and WA Smith)

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Complaints and refusals

Please delete **YES** or **NO** to leave the correct answer showing

- | | | |
|---|-------------------|------------------|
| <p>1) Is there a formal complaint against you currently being investigated by us or any other relevant professional body? (If yes, see below)</p> | <p>YES</p> | <p>NO</p> |
| <p>2) Has any formal complaint made against you been upheld by us or any other relevant professional body? (If yes, please provide a copy of the details of the complaint and outcome from the relevant body.)</p> | <p>YES</p> | <p>NO</p> |
| <p>3) Have you been refused recognition, certification or accreditation by any relevant professional body? (If yes, please provide a copy of the details of the refusal from the body concerned.)</p> | <p>YES</p> | <p>NO</p> |
| <p>4) Have you applied for accreditation by FDAP previously?

(If yes, please include a copy of your decision letter.)</p> | <p>YES</p> | <p>NO</p> |

If you have answered YES to question 1, we will be unable to accept your application for accreditation until the outcome of the investigation has been decided.

Declaration of honesty

Sign and date below to confirm that your application is true and complete.

I declare that as far as I know, my application contains only true information. I understand that if any incorrect, incomplete or plagiarised information is discovered, my accreditation may be disqualified.

Signed:

Dated:



Criteria 1 and 2: Eligibility for application

Please delete **YES** or **NO** to leave the correct answer showing:

Are you currently an individual member of FDAP?	YES	NO
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Do you understand that you must remain a member in order to submit your application?	YES	NO
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Do you have professional indemnity insurance to cover for all your professional work? (Do not forget to provide a copy of your certificate and/or your agency certificate)	YES	NO
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Do you agree to abide by the FDAP's code of practice?	YES	NO
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Criterion 3: Current practice

Please delete **YES** or **NO** to leave the correct answer showing:

Are you currently in practice as a counsellor/psychotherapist?	YES	NO
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How many client hours do you undertake each month? N.B. Client hours should be taken to mean: <i>scheduled treatment sessions with clients for whom you have a continuing professional responsibility and relationship. These may be group sessions, but excluding lectures and other organised events in which teaching and not therapy is the principal focus, even though discussion and debate may be permitted.</i>

Please give details of **all** your current practice.
(In each case please give your role, the setting and include your employer's details)

Criterion 3: Diary of your current practice

In the blank tables provided, please give details of your work with clients over the past month. (If you cannot use the last month for any reason, use a four-week period from the past six months.) The hours of counselling/psychotherapy work you use in your application should not include training sessions, supervision, cancelled or missed sessions (Could or Did Not Attend or CNA/DNA).

Please show the sessions for each type of work setting and keep all sessions from the same setting together in the same table. Do not give clients' names. Give each client a reference letter or number, and give a description of their gender ('M' for male and 'F' for female) and age in brackets. For example, for a **male** client aged **39** and referred to as client **Z**, enter **Z (M, 39)**.

1st Illustration:

Type: <i>individual clients</i> . Location and Setting: [<i>Please specify</i>]				
Client Details: Z (M, 39), B (F, 34), H (M, 27)				
Date	Session no.	Client	Length (mins)	Main concerns of session
7/11/09	1	Z	50	Introduction and initial assessment
7/11/09	6	B	50	Review of the objectives
7/11/09	2	H	50	Continuation of assessment, review of alcohol history
14/11/09	2	Z	50	Crisis intervention: Client threatening to use after argument with partner

2nd Illustration

Type: <i>couple work</i> . Location and Setting: [<i>Please specify</i>]				
Client Details: B (F, 37) + Z (M, 39)				
Date	Session no.	Clients	Length (mins)	Main concerns of session
7/11/09	3	B and Z	90	Lack of communication within the couple
21/11/09	4	B AND Z	90	Practical communication exercises

3rd Illustration

Type: <i>Aftercare Group session</i> . Location and setting: [<i>Please specify</i>]				
Client Details Z (F, 22) + E (M, 35) + S (M, 33) + N (F, 26) + P (M, 49) + C (F, 56) + T (M, 25)				
Date	Session no.	Clients	Length (mins)	Main concerns of session
9/12/09	N/A	Z + E + S + N + P + C + T	90	Welcoming of new member, identification with newly out of treatment issues
16/12/09	N/A	Z + E + S + N + P + C + T	90	Risk taking with drugs by 2 members of the groups, discussion regarding family of origin issues.

Family therapy can be shown in the same way as the group sessions example above



Current practice: continued

Type:				
Client details:				
Date	Session no.	Client/s	Length (mins)	Main concerns of session

Type:				
Client details:				
Date	Session no.	Client/s	Length (mins)	Main concerns of session



Type:				
Client details:				
Date	Session no.	Client/s	Length (mins)	Main concerns of session

Type:				
Client details:				
Date	Session no.	Client/s	Length (mins)	Main concerns of session

Criterion 4: Your route to accreditation

Have you chosen to apply using Route One, Route Two or Route Three?

Please fill in this box to show us which route you are taking:

ROUTE

Now go the next section:

- **ROUTE ONE** go to A
- **ROUTE TWO** go to B
- **ROUTE THREE** go to C



A: Applicants applying under ROUTE ONE

FDAP accredited training course

Full title of course:

Training institution's name:

Institution's address:

Postcode:

Institution's phone number:

Start date of course:	Date completed:
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Title of the award you received:	Date received:
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You must send us **verified** copies of your award from this course (the **Guidance Notes** tell you how to do this).

The award must clearly show on it that it is accredited by FDAP. If it doesn't, you must send us an official letter from the course, confirming that you have completed the FDAP accredited course.

A: continued

Practice submitted under ROUTE ONE

In the table below, give details of at least 450 hours of counselling/psychotherapy practice of which 250 hours should be in the addictions field. You should show at least three and not more than six years practice. (These do not have to be calendar years, they could be separate 12-month periods and do not have to be consecutive.)

N.B. Client hours should be taken to mean: *scheduled treatment sessions with clients for whom you have a continuing professional responsibility and relationship. These may be group sessions, but excluding lectures and other organised events in which teaching and not therapy is the principal focus, even though discussion and debate may be permitted.*

For all the practice you have given details of, you must have been supervised at least 1½ hours a month.

Please use each line of the table to show a year or part of a practice year. Do not show a number of years together on one line, even if this was continuous practice in the same setting. You can continue on a separate sheet if necessary.

For example:

Dates for each year (from - to)	Your role, the place and setting for this practice	Hours of practice per month	No of months practised	Supervision hours per month
From:01/01/2007 To:31/12/2007	e.g. Trainee Counsellor, inpatient treatment [please give details]	100	11	3
From: 01/01/2008 To :31/01/2008	e.g. Counsellor, outpatient treatment [please give details]	100	11	3
From:01/01/2009 To: 31/12/09	Senior counsellor , harm minimisation programme [please give details]	100	11	4
Please give totals for these three columns:		300	33	10

A: continued

Dates for each year	Your role, the place and setting for this practice	Hours of practice during period	No of months practised	Supervision hours per month
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
Please give totals for these three columns:				

Now go to Criterion 5

B: applicants applying under ROUTE TWO

Counsellor/Psychotherapist Training course not accredited by FDAP

In order to apply under this route you must have successfully completed one validated programme of learning leading to an award at Higher Education level 5 (or equivalent), or at a higher level, for practitioner training in counselling and/or psychotherapy, validated by a recognised college or university, that:

- Included at least 450 hours of tutor contact hours of which 100 hours teaching* must be related to drug, alcohol, gambling and related addictions. If not included in the 450 hours basic training package this should be evident in subsequent Continued Professional Development (CPD).
The teaching must include: the psychology of addictive behaviours, including both Individual processes and socially influenced processes.
There should also be training in methodologies that are recognised to be applicable in addiction counselling including, Motivational interviewing, Cognitive Behavioural therapy for substance abuse, and Mindfulness Based therapies including Mindfulness based Relapse Prevention, Dialectical Behaviour Therapy, and Acceptance and Commitment Therapy.
- Was carried out over at least two years (part-time) or one year (full-time)
- Had supervised practice as an integral part of the training
- Covered theory, skills, professional issues and personal development

Please give details of your course sufficient to enable these assessments to be made. You can only use a course that you have successfully completed and for which you have received the award.

If you have an official breakdown of the course hours and elements from your training institution, please send this, together with copies of other relevant published material (e.g. the prospectus entry) you think may be helpful.

** Any attendance at conferences should not be included in the 100 hours as outlined above.*

Full title of course:

Main theoretical approach:

Other theoretical approaches:

Training institution's name:



Institution's address:

Postcode:

Institution's phone number:

B: continued

Number of formal taught contact hours (not including hours in placement). For example, three hours a week, two 20-hour residential weekends over two academic years = 202 hours:

Total taught hours:

Start date of course:	Date completed:
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Title of the award you received:	Date received:
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Dates of your placement:

Please give details of your placement:

Please describe how theory, skills, professional issues and personal development were covered on the course:

Please explain in what respects the course included 100 hours teaching is related to drug, alcohol, gambling and related addictions:

Please explain how the course as a whole is relevant to the to the broader professional responsibilities of the counsellor, as illustrated in the core functions of the counsellor:

You must send us **verified** copies of your award from this course (the **Guidance Notes** tell you how to do this)

Do you hold the FDAP's Drug and Alcohol Professional Certificate?

If not, please explain the evidence for your competence in the relevant DANOS units (see Standard criteria for Route TWO above):

B: continued

Practice submitted under Route Two

In the table below, give details of at least 450 hours of counselling/psychotherapy practice of which 250 hours should be in the addictions field. You should show at least three and not more than six years practice. (These do not have to be calendar years, they could be separate 12-month periods and do not have to be consecutive.)

For all the practice you have given details of, you must have been supervised at least 1½ hours a month.

N.B. Client hours should be taken to mean: *scheduled treatment sessions with clients for whom you have a continuing professional responsibility and relationship. These may be group sessions within a therapeutic community context, but excluding lectures and other organised events in which teaching and not therapy is the principal focus, even though discussion and debate may be permitted.*

Please use each line of the table to show a year or part of a year of practice. Do not show a number of years together on one line, even if this was continuous practice in the same setting. You can continue on a separate sheet if necessary.

For example:

Dates for each year (from - to)	Your role, the place and setting for this practice	Hours of practice per month	No of months practised	Supervision hours per month
From:01/01/2007 To:31/12/2007	e.g. Trainee Counsellor, inpatient treatment [please give details]	100	11	3
From: 01/01/2008 To :31/01/2008	e.g. Counsellor, outpatient treatment [please give details]	100	11	3
From:01/01/2009 To: 31/12/09	Senior counsellor , harm minimisation programme [please give details]	100	11	4
Please give totals for these three columns:		300	33	10



B: continued

Dates for each year	Your role, the place and setting for this practice	Hours of practice during period	No of months practised	Supervision hours per month
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
Please give totals for these three columns:				

Now go to Criterion 5

C: Applicants applying under Route THREE

Portfolio of evidence from more than one training course

You must have a portfolio of at least 450 hours of counsellor/psychotherapist training at Higher Education level 5 (or equivalent), or at a higher level, in more than one programme of learning, and in total equivalent in breadth and depth to that described in Route TWO above. The training will have been validated by recognised college(s) or university (ies), and should normally have been obtained over a period of no more than 10 years, and in excess of 1 year (full-time), and two years (part-time). The training should also have included:

- Clinically supervised practice as an integral part of the training, with overall supervision from the college(s), university (ies) concerned.
- Theory, skills, professional issues and personal development
- In addition, at least 450 hours of tutor contact hours of which 100 hours teaching* must be related to drug, alcohol, gambling and related addictions. If not included in the 450 hours basic training package this should be evident in subsequent Continued Professional Development (CPD).
The teaching must include: the psychology of addictive behaviours, including both Individual processes and socially influenced processes.
There should also be training in methodologies that are recognised to be applicable in addiction counselling including, Motivational interviewing, Cognitive Behavioural therapy for substance abuse, and Mindfulness Based therapies including Mindfulness based Relapse Prevention, Dialectical Behaviour Therapy, and Acceptance and Commitment Therapy

Please give details of the courses you wish to include. Please give sufficient details of your courses to enable the above assessments to be made.

If you have an official breakdown of the course hours and elements from your training institutions, please send these, together with copies of other relevant published material (e.g. the prospectus entry) you think may be helpful.

Copy the following pages for each course, starting with the most substantial course(s). You can only use courses that you have successfully completed and for which you have received the award.

Your training in total must have included a supervised placement as explained in the **Guidance Notes**. You must be able to give details of this placement. You should not count your placement hours in the formal taught contact hours total given for the course.

* Any attendance at conferences should not be included in the 100 hours as outlined above.

If you have an official breakdown of the course hours and elements from your training institution, you can send this providing the breakdown is clearly shown.



Route THREE:

Main Course/Additional Course (please delete as appropriate)

Full title of course:

Main theoretical approach:

Other theoretical approaches:

Training institution's name:

Institution's address:

Postcode:

Institution's phone number:

Number of formal taught contact hours (not including hours in placement). For example, three hours a week, two 20-hour residential weekends over two academic years = 202 hours:

Total taught hours:

Start date of course:

Date completed:

Title of the award you received:

Date received:

Dates of your placement:

Please give details of your placement:

Please describe how theory, skills, professional issues and personal development were covered on the course:

Please explain in what respects the course included 100 hours teaching is related to drug, alcohol, gambling and related addictions:

Please explain how the course as a whole is relevant to the to the broader professional responsibilities of the counsellor, as illustrated in the core functions of the counsellor:

You must send us **verified** copies of your award from this course (the **Guidance Notes** tell you how to do this)

Do you hold the FDAP's Drug and Alcohol Professional Certificate?

If not, please explain the evidence for your competence in the relevant DANOS units (see Standard criteria for Route TWO above):

C: continued

Practice submitted under Route Three

In the table below, give details of at least 450 hours of counselling/psychotherapy practice of which 250 hours should be in the addictions field. You should show at least three and not more than six years practice. (These do not have to be calendar years, they could be separate 12-month periods and do not have to be consecutive.)

You must show that at least 150 hours of your practice took place after you completed the training submitted. Please identify this in the final column headed post training practice hours.

N.B. Client hours should be taken to mean: *scheduled treatment sessions with clients for whom you have a continuing professional responsibility and relationship. These may be group sessions within a therapeutic community context, but excluding lectures and other organised events in which teaching and not therapy is the principal focus, even though discussion and debate may be permitted.*

For all the practice you have given details of, you must have been supervised at least 1½ hours a month.

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Please use each line of the table to show a year or part of a year of practice. Do not show a number of years together on one line, even if this was continuous practice in the same setting. You can continue on a separate sheet if necessary.

For example:

Dates for each year (from - to)	Your role, the place and setting for this practice	Hours of practice per month	No of months practised	Supervision hours per month
From:01/01/2007 To:31/12/2007	e.g. Trainee Counsellor, inpatient treatment [please give details]	100	11	3
From: 01/01/2008 To :31/01/2008	e.g. Counsellor, outpatient treatment [please give details]	100	11	3
From:01/01/2009 To: 31/12/09	Senior counsellor , harm minimisation programme [please give details]	100	11	4
Please give totals for these three columns:		300	33	10



C: continued

Dates for each year	Your role, the place and setting for this practice	Hours of practice during period	No of months practised	Supervision hours per month
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				
<p>Please give totals for these three columns:</p>				

Now go to Criterion 5

Criterion 5: Supervision of practice

This part has separate tables for

- Individual supervision
- Group, team or peer supervision.

Please complete a table for:

- **each** supervision arrangement for the practice hours shown in A, B or C
- **each** supervision arrangement for your current work

If you have more than one arrangement with the same supervisor (for example, you have the same supervisor for individual supervision *and* group supervision), complete a separate page for each different arrangement.

You must show that all practice submitted in parts A, B and C is supervised for at least 1½ hours per month.

This can be achieved through individual, group, team or peer supervision or a combination of these.

Remember that you cannot count all the time in group, team or peer supervision – see the guidance notes for how to calculate what time you can count towards this.

Criterion 5: continued

INDIVIDUAL supervision arrangements

Supervisor's name:

Supervisor's address:

Postcode:

Supervisor's Qualification/s:

Contract start date:	End date:
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If this supervision arrangement is still current, write 'ongoing' for the end date.

Contracted frequency of supervised sessions:

Contracted length of each session:

Which practice does this arrangement cover? (e.g. Priory North London, Sept 08 to Sept 09)

Is, or was there, any professional or personal relationship between you and your Supervisor, other than for the purpose of this supervision? YES NO

If yes, please explain:

Did this Supervisor supervise the case material you have used for Criterion 6? YES NO

If not, please see the *Guidance Notes*

Criterion 5: continued

GROUP, TEAM, OR PEER supervision arrangements

Please complete a copy of this sheet for each peer or group supervision arrangement

Supervisor's name:

Supervisor's address:

Postcode:

Supervisor's Qualification/s:

Are you telling us about group, team or peer supervision?

Contract start date:	End date:
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If this supervision arrangement is still current, write 'ongoing' for the end date

Contracted frequency of supervised sessions:

Contracted length of each session:

How many people are supervised in this group?

(if the arrangement is group supervision, do not include the group facilitator in this number)

Which practice does this arrangement cover? (e.g. Priory North London: Sept 08 to Sept 09)



NCAC Accreditation Scheme

Is, or was there, any professional or personal relationship between you and your Supervisor, other than for the purpose of this supervision?

YES NO

If yes, please explain:

Did this Supervisor supervise the case material you have used for Criterion 6?

YES NO

If not, please see the *Guidance Notes*

Reflective Practice: Criteria 6

Criterion 6.1 – Knowledge and understanding

This part is about the knowledge used that informs your practice with clients. It incorporates your understanding and use of theory/theories and on what basis you integrate them in your work with clients in a meaningful way.

The following are points you may want to consider in your content:

- 1) An explanation of how you came to develop your approach
- 2) A description of how theory informs your actual practice
- 3) Problems with putting theory into practice, and how you overcame them.
- 4) Assuming your approach is eclectic or integrative, how is coherence ensured?

Recommended word count = 1000 words (+ or -10%), please give your word count at the end.

Criterion 6.2 and 6.3: Practice and the use of supervision

Practice

In this section, you should present a case study that provides the opportunity for you to demonstrate how you exercised the counsellor's broader professional responsibilities in your work. Your case material should also demonstrate the application of the theory/theories described previously under 6.1

The use of supervision

In this section you should show how you have gained awareness from supervision and demonstrate how this awareness is applied in your work with clients.

In your case material demonstrate how supervision influences your practice by describing:

- Overview of the type and nature of the supervision
- The issues brought to the supervision and why
- How the supervision influenced the applicant's wider development as a counsellor

The recommended word count for **Criteria 6.2 and 6.3** is 8,000 words in total (+ or - 10%); please give the word count at the end

Case material for 6.2 and 6.3:

Choosing your case material – You should choose a case study in consultation with your supervisor. Case material that is written for another purpose is unlikely to meet these application requirements. The ***example used for the case material should be typical of your current or recent work***. All case material submitted should be commented on by your supervisor(s) in their ***Supervisor Report***

Writing your case material – The applicant should choose a case study that provides the opportunity to demonstrate the broad professional responsibilities of the counsellor to the client. You should also use your case material to show how the theory/theories used inform your practice. You should illustrate your *own* self-awareness as a practitioner and how this is used in the therapeutic relationship with your client(s). You must make reference to your awareness of issues of difference and equality, and show that you work within FDAP's code of practice for drug and alcohol professionals. You should also show how you have gained awareness through your supervision and illustrate how this influences your work with clients. The case material should illustrate self-reflection, give a sense of the relationship between you and your client and show that the theory/theories described in Criterion 6.1 are those you use in practice. It should not be an account of the client's story or a chronicle of events. The work can include extracts from client sessions, but you must disguise the identity of your client(s).

Presenting your case material – Your case study should cover the wide range of professional responsibilities in therapeutic practice; which may include, besides counselling itself: comprehensive assessment(initial assessment, including intake and orientation) , treatment planning, case management(including report and record keeping), crisis intervention, client education, consultation with other professionals in regard to client treatment, including referrals and supervision (e.g. the 'core functions of the counsellor' Kulewicz 1996); Relevant forms and correspondence should be inserted in the appendix. You should also include here: Risk assessment (a reference to health and self-harm/suicide issues should be included); social history; substance use history; emotional/behavioural assessment; treatment plan and treatment plan review; aftercare plan and discharge plan. You do not have to present the case material as an academic essay. The case material may contain verbatim extracts from your sessions. You must reference published works, authors, theories etc when referring to, or quoting directly from their work.

GUIDANCE FOR THE SUPERVISOR

Give this sheet to your Supervisor with the Supervisor Report form.

A **Supervisor Report** is required as part of the application for accreditation. As a nominated supervisor you should confirm the supervision arrangements. Prior to completing the Report you should read the case material, which should be a typical example of the applicant's work with clients.

When you have completed your report, please give it to the applicant. They will sign it and send it to us with their application form. The applicant may also ask you to witness and verify their training certificate(s) to confirm they are authentic.

We may contact you as part of the assessment procedure.

If you have any questions about your report, please email us at fdap@smmgp.org.uk or write to us at

FDAP
Accreditation Department
Box 200
143 Kingston Road, London
SW19 1LJ
email: fdap@smmgp.org.uk
www.fdap.org.uk

Thank you for your time and commitment to the accreditation process

SUPERVISOR REPORT

Applicant's details

Accreditation applicant's name:

FDAP Applicant's membership number:

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Supervisor details

Your name:

Address:

Daytime phone number:

Email address:

Profession or occupation:

Professional body:

Your membership number:

Please give your qualifications and experience as a supervisor and practitioner:

Please outline in brief your method/model of supervision:

Is there any professional (for example, line-management responsibility) or personal relationship between you and the applicant, other than for the purpose of this supervision?

YES **NO**

If yes, please give details:

The supervision contract

What supervision arrangement do you have with the applicant (tick all that apply)

- Individual
- Group
- Team
- Peer

Please complete a section for the arrangement / *all* arrangements that you have indicated above.

SUPERVISOR REPORT - continued

Individual supervision



Contract start date:	End date:
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Your contract with the applicant may be ongoing. If so, please write 'ongoing' where asked for an end date.

Contracted frequency of sessions:

Contracted length of sessions:

Group supervision/Team supervision

How many supervisees are in this group?

Contract start date:	End date:
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Contracted frequency of sessions:

Contracted length of sessions:

Peer supervision

How many peer members are there?

Contract start date:	End date:
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Contracted frequency of sessions:

Contracted length of sessions:



SUPERVISOR REPORT – continued

Supervisor Declaration

Please **tick** the appropriate box and complete as applicable:

I have supervised all the case material that the applicant has provided for this application

OR

I have supervised part of the case material that the applicant has provided in this application

Please state which part:

OR

I did not supervise any of the case material the applicant has provided in this application

Your supervision of the applicant's work

As the applicant's Supervisor, how would you evaluate the applicant's ability to put theory into practice?

SUPERVISOR REPORT – continued

Please indicate how effectively the applicant exercises their broader professional responsibilities towards the client, e.g. initial assessment, treatment planning, case management etc.



Does the applicant's work reflect his or her awareness of the FDAP's Code of Practice?

Please comment on the applicant's use of supervision in general **and** in relation to the case material provided (if you have supervised this work).

Any additional comments from Supervisor or Applicant:

Signatures

Applicant's signature:

Date:

Supervisor's signature:

Date:

GUIDANCE FOR THE PROPOSER

Give this sheet to your Proposer with the Proposer Statement

A report from an appropriate person, who is willing to propose the applicant for accreditation, is necessary as part of the application process.

The *Proposer Statement* is confidential. Do not give it back to the applicant. Send it to FDAP directly and independently of the application form.

As a Proposer, you should know the applicant well enough to confirm that they are:

- A responsible person
- Someone who maintains a professional standard of integrity
- Someone who is of good standing within their profession

You should be a member of a professional association appropriate to your field of work (for example, holder of the FDAP NCAC accreditation, BACP/UKRC registered practitioner, BPS Chartered/registered Psychologist, MRCPsych or MRCGP. This list is not exhaustive.

You should not be the Supervisor who filled in the ***Supervisor Report*** for this application.

You should not be a client or an ex-client of the applicant.

You should not be the partner or a close relative of the applicant.

As Proposer, your signature on the form shows that you support the application to become a FDAP accredited counsellor or psychotherapist. The applicant may also ask you to sign their training certificate(s) to prove they are authentic.

Please fill in your statement honestly. You should answer all questions, writing 'not applicable' if appropriate (please do not leave questions unanswered). Please return your Statement so it reaches us at the same time as the application (agree the date of return with the applicant). We may contact you as part of the assessment procedure.

Please send your completed Statement direct to FDAP.

If you have any questions about your report, please email us at office@fdap.org.uk or write to us at

FDAP
Accreditation Department
Box 200
143 Kingston Road, London
SW19 1LJ

Thank you for your time and commitment to the accreditation process.

PROPOSER STATEMENT (CONFIDENTIAL)

You should have read the accompanying guidance for the Proposer before you complete this form

Applicant's details

Applicant's name:

Applicant's FDAP number:

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Proposer's details

Your name:

Your address:

Postcode:

Daytime phone number:

Email address:

Profession or occupation:

Professional body:

Your membership number:

Professional qualifications:

Your knowledge of the applicant

How long have you known the applicant?

PROPOSER STATEMENT – continued

In what capacity do you know the applicant?

The applicant should be a responsible person of good standing within the profession, who will maintain a professional standard of integrity in dealing with both clients and colleagues. How does the applicant meet these requirements?

In your opinion, is there any reason why the applicant should not be considered for accreditation with FDAP?

YES

NO

If yes, please give details:

Signature

I propose the following person be an accredited member of FDAP

Applicant's name:

Your signature:

Date:

Please send this report to the address below. Try to make sure that it will arrive at about the same time as the application form.

FDAP Accreditation Department
Box 200
143 Kingston Road, London
SW19 1LJ

Tel: 07941751543

Email: fdap@smmgp.org.uk

Web: www.fdap.org.uk

SENDING US YOUR APPLICATION

Please read the following notes before you send us your application

You can apply for accreditation at any time.

Please send us:

- **Your original application form**, including a completed ***Supervisor Report*** and verified copies of your award certificates. Ensure your name and membership number is on any additional or separate sheets.
- **One completed and collated copy** of the documents listed above, in addition to your original application.
- **Your fee for accreditation*** (£150 non refundable). We accept only cheques. **Please write cheques to 'SMMGP'** and put your surname and membership number on the back.

Please attach the cheque to the **front page of this application form**.

Post your application package to FDAP Accreditation, using the address below. We will let you know that we have received your application.

You must arrange for your Proposer to fill in his or her report and send it to us separately, to arrive at the same time as your application.

We will not return your application. You should make a copy of your application for your own records.

FDAP Accreditation Department
Box 200
143 Kingston Road, London
SW19 1LJ

e: fdap@smmgp.org.uk

Web: www.fdap.org.uk

***This fee is correct at 1 April 2009.**

From time to time we review our fees. Please check the website to find out the current fee.

THE ASSESSMENT PROCESS

Once we receive your application, we will check that you have provided all the information we need and that you meet the basic eligibility Criteria. We will match it to your Proposer's statement and check that you have made the correct payment. We will then send your application to the assessors.

We aim to take no more than four months to assess your application and tell you our decision. If we need to contact you because your application is incomplete or unclear, the process may take longer.

Any documentation you send us to support your application for accreditation must be authentic, accurate and current. If we discover that any of the information is not accurate or complete, we may turn down or withdraw your accreditation application. False information may result in a referral to Professional Conduct for investigation.

The decision will be one of the following:

- **Criteria met**

If the evidence submitted is judged to have met all criteria, accreditation as a NCAC counsellor / psychotherapist will be awarded. You will be informed in writing and a certificate of accreditation will be sent.

- **Criteria not yet met**

If any of the criteria are judged not to be satisfactorily evidenced at this stage, you will be informed in writing. The deferment letter will explain why particular criteria have not been met. You will then be allowed a further six months in which to address the points in the letter and send further evidence. All evidence to meet the outstanding criteria must be sent at the same time. A further fee of £70, non refundable, is payable to cover the additional assessment.

If you do not address the points in the letter and send further evidence by the end of the six-month period, your application will be deemed to have lapsed.

There is no facility to appeal at this stage.

Final decision

Your additional evidence will be assessed alongside your original application and a final decision made. If all criteria are judged to have been met, accreditation will be awarded. If, however, any criteria remain unmet, your application will be deemed to be unsuccessful.

Your options then will be:

1. Re-application
2. Appeal

1. **Re-application** – you need to wait a period of 12 months after the final decision before you reapply. The re-application should provide new evidence which addresses the reasons given for failure of the first application. The full accreditation fee applies to the new application.

2. **Appeal** – Applicants have the right to appeal against Final accreditation decisions on procedural grounds, that is:

That the application has not been fairly and properly assessed against the published criteria.

Disagreement with the assessors' professional judgement is not in itself grounds for appeal.

- An appeal must be lodged within 2 months of the date of the final decision letter
- A fee of £70 is payable
- The decision of the appeals panel is final

Issue of Certificates

Your certificate will be posted with your notification of accreditation. This open certificate is only valid when accompanied by **a letter of authentication which will normally be supplied on renewal of membership.**

You will be required to **renew your membership annually** (a reminder will be sent in advance).

Accreditation is valid for three calendar years from the date accreditation was awarded.

Re-accreditation

NCAC accreditation is valid for three years, after which members must apply for re-accreditation. To be re-accredited, practising counsellors will need to meet the following criteria:

- *Professional development* - Engaged in continuing professional development since accreditation was last awarded (at least 20 hrs per year, including at least 10 hrs in training / education).
- *Supervision* Received regular supervision, in line with FDAP guidance, in the period since accreditation was last awarded.
- *Membership* Held continuing FDAP membership since accreditation was last awarded.
- Non-practising counsellors can also re-accredit provided they meet the criteria above for membership and professional development, and in addition the supervision criterion for any period during which they have been practising since they were last accredited.

N.B. Applications for re-accreditation may be made in the three calendar months before accreditation expires, and in the calendar year following expiry. Successful re-applications will be dated as from the date of expiry of the previous accreditation period.

The fee for re-accreditation is £100 (non refundable). Please write cheques to 'SMMGP' and put your surname and membership number on the back, and send with your application which should include documentation regarding professional development and supervision as requested above.

We wish you good luck with your application.