



## Catholic Marriage Care Service

*PRIVATE AND CONFIDENTIAL TO ACCORD*

### APPLICATION FORM 2010 ACCORD— UNIVERSITY OF ULSTER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Work Tel: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Please attach a passport size photograph

#### **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*

**GENERAL EDUCATION :**

School	Year	Examination taken	Results

**Counselling Experience & Qualifications**

Are you an accredited counsellor?      Yes                       No   
 Are you working towards accreditation?      Yes                       No

Accrediting Body: \_\_\_\_\_ Date of Accreditation: \_\_\_\_\_

Counselling Qualifications \_\_\_\_\_  
 \_\_\_\_\_

Number of post grad. counselling hours delivered in the past two years: \_\_\_\_\_

Number of supervision hours received in the past two years: \_\_\_\_\_

**Counselling Education (Part & Fulltime)**

*(begin with most recent)*

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

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

Summary of content: \_\_\_\_\_  
 \_\_\_\_\_

Client Hours: \_\_\_\_\_

Qualification achieved: \_\_\_\_\_

**Counselling Education (Part & Fulltime)**

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

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

Summary of content: \_\_\_\_\_

\_\_\_\_\_

Qualification achieved: \_\_\_\_\_

Client Hours: \_\_\_\_\_

Please give a brief description of your counselling caseload and experience to date :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History—Briefly outline starting with most recent**

Dates

Organisation and Role

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please briefly state your reasons for applying to become a member of ACCORD as a counsellor:

On a separate sheet please indicate how your experience to date (family, relationships, work, training etc) would be of benefit to you as an ACCORD counsellor—700 words approx.

Please describe your communication style citing examples:

Please give an example of how you managed conflict in your life:

Outline your understanding of the commitment necessary to work as an ACCORD Counsellor:

Please give the name & contact information for two people (relevant to counselling and not related to you) who ACCORD may contact for character references:

Name: _____
Position: _____
Address: _____
_____
_____
Phone: _____
E-mail: _____

Name: _____
Position: _____
Address: _____
_____
_____
Phone: _____
E-mail: _____

I declare that all the above statements and information are true and complete to the best of my knowledge. I understand that any mis-statement or omission of facts constitute grounds for non selection or release. I hereby give permission for contact to be made with all relevant persons. I accept that the offer of a place in ACCORD is contingent on satisfactory outcome of POCVA/Garda vetting and reference checks.

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

Please number in order 1, 2, 3 the Centre you would have a preference to join:

Balbriggan	Maynooth	Drogheda	Mullingar	Waterford
Ballymun	Athlone	Dundalk	Navan	Wexford
Blanchardstown	Ballina	Ennis	Nenagh	<b>Northern Ireland Offices</b>
Bray	Ballinasloe	Galway	Newbridge	Armagh
Clondalkin	Bantry	Inishowen	Portlaoise	Ballymena
Dunlaoghaire	Carlow	Kilkenny	Roscommon	Belfast
Harcourt Street	Castlebar	Killarney	Sligo	Derry
Marino	Cavan	Letterkenny	Thurles	Downpatrick
Phibsborough	Charlestown	Limerick	Tipperary	Enniskillen
Swords	Clonmel	Limerick West	Tralee	Maghera
Tallaght	Cloyne	Longford	Tuam	Newry
Templeogue	Donegal	Monaghan	Tullamore	Omagh

## VISION STATEMENT

ACCORD is an agency of the Catholic Church providing a nation-wide 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

\* **Marriage/Relationship counselling** 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 to deal with them.

**ACCORD wishes that all prospective candidates are familiar with our Vision Statement above and also with our Mission Statement, which is on the cover page of this Application Form, so that they are fully aware of the ethos out of which the Organisation works.**

CONFIDENTIAL

ACCORD Counsellor

**Supervisors Report**

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

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

\_\_\_\_\_

\_\_\_\_\_

The above named applicant has applied for selection to become an ACCORD Counsellor. A supervisor's report on her/his suitability to work in this role is required, before selection. It is required that the applicant has been in supervision with you for a minimum of 12 months prior to completing this report. In the event of a shorter period of time, we will also require a report from the previous supervisor.

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifications: \_\_\_\_\_

\_\_\_\_\_

Professional membership: \_\_\_\_\_

Counselling experience:

\_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

