



Certificate in Counselling (Marriage & Relationship)

For qualified and experienced counsellors/therapists with a current supervised caseload wishing to train as in person and online Couples and Relationships Counsellors
Level 8, 20 credits on the National Framework of Qualifications (NFQ) ; Level 6 (England, Wales & NI)

Name:

Address:

Home Telephone No:

Mobile Telephone No:

Personal e-mail:

A **personal** e-mail address is essential - it will be used for all correspondence.
Business/academic/work e-mail addresses **must not** be used.

Private and Confidential to ACCORD

Completed application forms to be emailed to:

Dr Mary Goss

E mail: marygoss@accord.ie

Closing date for applications: Friday, 9th September 2022

Training will be delivered in-person except on occasions when SPPU safety regulations indicate otherwise. Training will take place within the campus of St Patrick's Pontifical University, Maynooth, Co. Kildare.

All Accord training sessions will be scheduled on weekends (Saturdays and Sundays) - 16 days. Training in *Online and Telephone Counselling* and in *Counselling Couples Online* will be completed online (Zoom) with an external provider commissioned by Accord.

It is essential that all applicants have stable broadband, a PC/laptop with Zoom installed, and are competent in the use of Microsoft Word, email, and the use of Zoom for video conferencing.

Please note that this course will commence if there is a sufficient demand from Accord Centres and an adequate number of candidates is selected.

College	Subject/s	Year of Graduation	Qualification/Level Obtained

Counselling Training Completed (Part & Fulltime - start with most recent)

Name of College: _____

Course Title: _____ Level: _____

Start Date: _____ Duration of course: _____ Date of Graduation: _____

Theoretical Approach/es studied:

No. of counseling hours delivered during training: _____

No of supervision hours received during training: _____

No of personal therapy hours attended during training: _____

Award Received: _____ Level: _____

Counselling Training Completed (Part & Fulltime)

Name of College: _____

Course Title: _____ Level: _____

Start Date: _____ Duration of course: _____ Date of Graduation: _____

Theoretical Approach/es studied:

No. of counseling hours delivered during training: _____

No of supervision hours received during training: _____

No of personal therapy hours attended during training: _____

Award Received: _____ Level: _____

Give a brief description of your knowledge of and experience of working in the Person Centred style:

Give a brief description of your post-graduation counselling caseload and experience as a counsellor/therapist to date :

Number of counselling/therapy hours you have delivered post graduation: _____

Number of supervision hours you have received post graduation: _____

Individual Supervision hours: _____ Group Supervision hours: _____

Counselling Employment History - Brief outline starting with the most recent.

Dates	Employer/Organization and Role
_____	_____
_____	_____
_____	_____
_____	_____

Are you a member of an accrediting body? Yes _____ No__

Are you a pre-accredited counsellor/therapist? Yes _____ No__

Are you an accredited counsellor/therapist? Yes _____ No__

Name of Accrediting Body _____

Date of current accreditation From: _____ To: _____

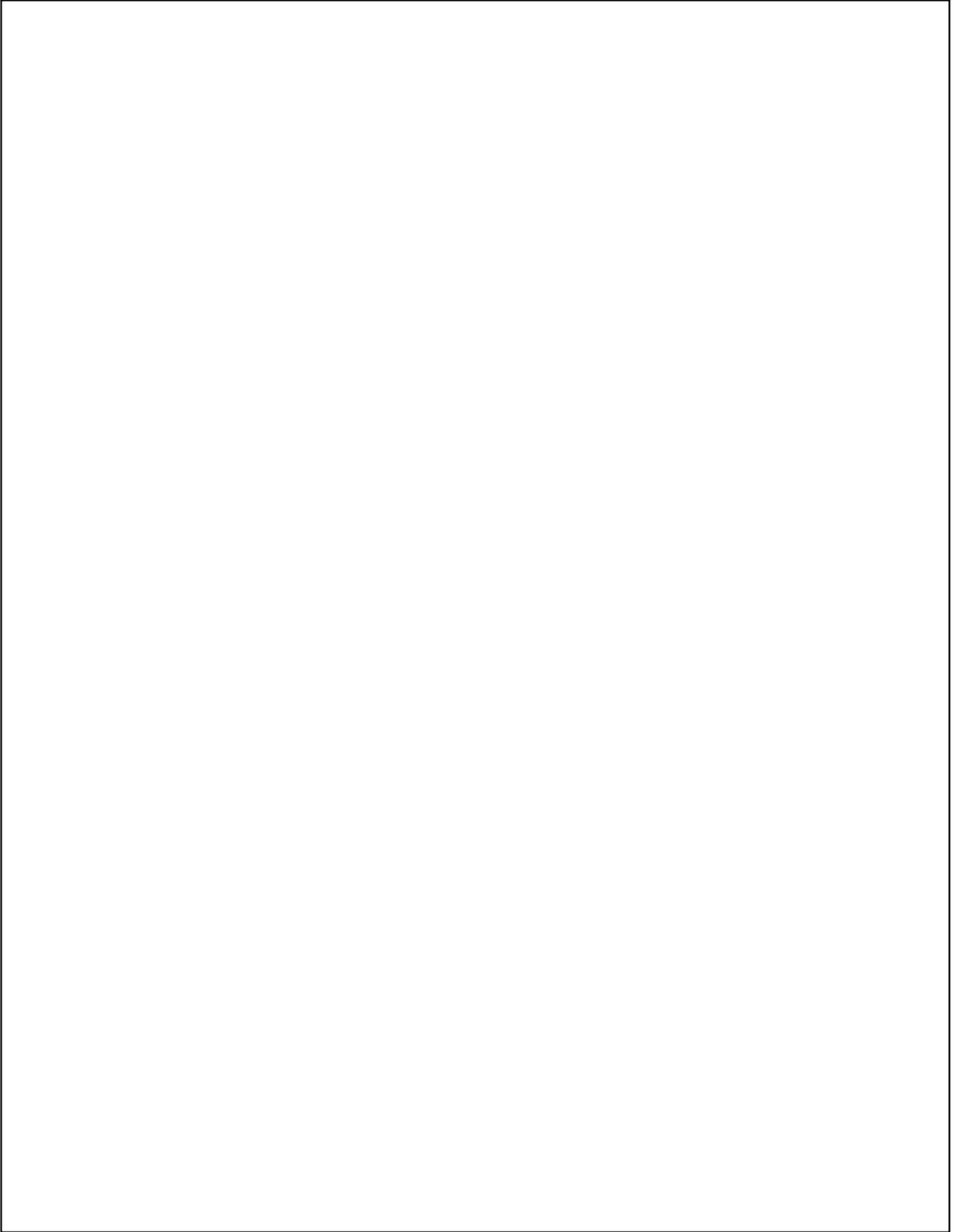
Outline your reasons for applying to ACCORD Catholic Marriage Care Service to train as a Person Centred Couples and Relationships counsellor:

Describe your modality as a counsellor / therapist and your experience of Person Centred Counselling to date:

Is self awareness important for counsellors/therapists? Outline the rationale for your view.

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

Outline how your learning from your significant life experiences (family, relationships, work) has contributed to your suitability to train as a Person Centred Couples Counsellor with ACCORD. (850 - 1,000 words)



Please give the names & contact information of two people (relevant to the counselling/therapy profession, **not related to you, not supervising you or not working with you as a personal therapist**) that ACCORD may contact for character references:

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

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

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

ACCORD NI
Ballymena
Belfast
Derry
Downpatrick
Enniskillen
Maghera
Newry
Omagh
Portadown

PREVIOUS TRAINING WITH ACCORD

Please complete as relevant (where options are given, use 'x' to indicate chosen option):

Have you applied previously to train with ACCORD? YES _____ NO _____

If Yes, year of previous application: _____

For which service? Counselling _____ Marriage Education _____

What was the outcome of the selection process?

Selected _____ Not Selected _____

Did you commence training ? YES _____ NO _____

If Yes, Date: _____

Did you complete training? YES _____ NO _____

If Yes, Date: _____

Cost of Training:

ACCORD is a voluntary organisation providing a professional counselling service. Successful applicants have their training fees and supervision for their ACCORD caseload funded by ACCORD. Following completion of training Continuing Professional Development opportunities are also provided by ACCORD.

Trainees are required to contract with ACCORD to repay the cost of their training by delivering the required number of sessions pre-Graduation. If, for any reason a trainee counsellor cannot fulfil this requirement, they may be required to repay outstanding fees. Following Graduation counsellors are required to complete the agreed number of voluntary sessions annually for a minimum period of three years.

All other costs, including personal therapy costs, are met by the trainee.

I confirm that all the information supplied by me in this application is factually correct. I understand that any misstatements or omissions of fact constitute grounds for non selection or de-selection.

Signed: _____ Date: _____

VISION STATEMENT

ACCORD Catholic Marriage Care Service is an agency of the Catholic Church providing an all-island 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.
- * **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, and develop the skills and strategies necessary to deal with them.

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.**

**ACCORD requires that all prospective candidates are familiar with our
Vision Statement and our Mission Statement so that they are
fully informed of ACCORD's ethos.**

Supervisor's Report

CONFIDENTIAL

Name of Applicant: _____

Applicant's Address: _____

The above named applicant has applied for selection to commence training as a Person Centred Couples and Relationships Counsellor. A supervisor's report on their suitability is required prior to selection. The applicant must have been in supervision with you for a minimum of 12 months prior to your completion of this report. *In cases where the supervision contract has been in place for less than 12 months we ask that you complete this report which will then be accompanied by a report (pages 14 & 15) from the applicant's previous supervisor.*

Supervisor's Name: _____

Address: _____

How long have you been working as a supervisor ? _____

Qualification in Supervision : _____

Date Achieved: _____ Are you an accredited supervisor ? Yes _____ No _____

If Yes - Accrediting Body: _____

Dates of current accreditation: From: _____ To: _____

Method of Supervision: _____

Experience as a supervisor to date:

(1) How long has the applicant been in supervision with you? _____

(2) Do you consider the applicant to be a competent and ethical counsellor?

Yes _____

No _____

If yes, outline your reasons:

3) Please indicate if there is any reason why the selection of this applicant, at this time, could have a negative impact on either the applicant or on ACCORD.

4) What modality does the applicant predominantly use when working with clients..

5) Please add comments you feel may help in the application assessment process:

I declare that all information given by me in this report is true and complete to the best of my knowledge. I understand that any misstatements or omissions of fact constitute grounds for non selection or de-selection of applicant .

Supervisor : _____ **Date:** _____

Previous Supervisor's Report

**TO BE USED IN CASES WHERE THE APPLICANT HAS BEEN WITH THEIR
CURRENT SUPERVISOR FOR LESS THAN ONE YEAR**

CONFIDENTIAL

Name of Applicant: _____

Applicant's Address: _____

The above named applicant has applied for selection to commence training as a Person Centred Couples and Relationships Counsellor. A supervisor's report on their suitability is required prior to selection. The applicant must have been in supervision with you for a minimum of 12 months prior to your completion of this report.

Supervisor's Name: _____

Address: _____

How long have you been working as a supervisor ? _____

Qualification in Supervision : _____

Date Achieved: _____ Are you an accredited supervisor ? Yes _____ No _____

If Yes - Accrediting Body: _____

Dates of current accreditation: From: _____ To: _____

Method of Supervision: _____

Experience as a supervisor to date:

(1) How long was the applicant in supervision with you? _____

(2) Do you consider the applicant to be a competent and ethical counsellor?

Yes _____ No _____

If yes outline your reasons:

3) Please indicate if there is any reason why the selection of this applicant, at this time, could have a negative impact on either the applicant or on ACCORD.

4) What modality does the applicant predominantly use when working with clients?

5) Please add comments you feel may help in the application assessment process:

I declare that all information given by me in this report is true and complete to the best of my knowledge. I understand that any misstatements or omissions of fact constitute grounds for non selection or de-selection of applicant .

Supervisor : _____ **Date:** _____