

Certificate in Counselling (Marriage & Relationship)

For qualified and experienced counsellors/therapists with a current caseload wishing to train as Couples and Relationships Counsellors/Therapists

Level 8, 20 credits on the National Framework of Qualifications (NFQ); (Level 6, England, Wales & NI)

APPLICATION FORM 2025/2026

Name:

Address:

Home phone No:

Mobile phone No:

Personal e-mail:

A personal e-mail address is essential - it will be used for all correspondence.
In the interests of confidentiality **Business/Work e-mail addresses must not be used.**

Private and Confidential to ACCORD

***Applications on this official application form only,
including Supervisor's Report/s***

Closing Date for receipt of Applications: 30 April 2025

Training will take place in person in Maynooth Co Kildare, over 8 weekends, one weekend per month from September 2025 to April 2026. (dates to be confirmed). An additional weekend will take place in the course of placement in 2026. (date to be confirmed).

Please note that this course will go ahead if there is a sufficient demand from Accord Centres for additional counsellors and a sufficient number of candidates are selected.

EDUCATION:

School /College /Institution	Year	Subjects taken	Exam Results Obtained

Counselling Training Completed (Part & Fulltime)
(Begin with most recent)

Name of College/Institution: _____

Commencement Date: _____ Duration of course: _____ Date of Graduation: _____

Award Received: _____ Academic Level: _____

Theoretical Approach/es studied: _____

No. of counselling hours delivered during training: _____
No of supervision hours received during training: _____ Indiv _____ Group _____
No of personal therapy hours attended during training: _____

Counselling Training Completed (Part & Fulltime)

Name of College/Institution: _____

Commencement Date: _____ Duration: _____ Date of Graduation: _____

Award Received: _____ Academic Level: _____

Theoretical Approach/es studied: _____

No. of counselling hours delivered during training: _____
No. of supervision hours received during training: _____ Indiv _____ Group _____
No. of personal therapy hours attended during training: _____

Give a brief description of your knowledge and experience of Person Centred Counselling /Therapy:

Give a brief description of your post-graduation counselling /therapy 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: _____

Please outline your reasons for applying to ACCORD Marriage Care Service to train as a Person Centred Couples and Relationships counsellor/therapist:

On a separate sheet outline in 1,000 words (approximately) how your learning from your significant life experiences (family, relationships, work) has contributed to your suitability to train as a Person Centred Couples Counsellor /Therapist with ACCORD.

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/Therapist

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:_____

Membership of Accord CLG and Accord NI is contingent upon successful reference checks and Garda Vetting (ROI) and Access NI (NI)

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

Accord CLG Centres ROI	Accord CLG Centres ROI	Accord CLG Centres ROI	Accord Northern Ireland Centres
Athlone	Ennis	Nenagh	Derry
Ballaghdeereen	Galway	Newbridge	Enniskillen
Ballinasloe	Inishowen	Portlaoise	
Carlow	Killarney	Sligo	
Castlebar	Letterkenny	Thurles	
Cavan	Limerick	Tralee	
Clonmel	Limerick West	Tullamore	
Cloyne (Fermoy)	Monaghan	Waterford	
Drogheda	Mullingar	Wexford	
Dundalk	Navan		

Please complete as relevant:

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 couples counselling/ therapy 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 deliver 100 placement sessions as part of their training programme. If, for any reason a trainee counsellor cannot fulfil this requirement, they will be required to repay outstanding training costs. They also agree to counsel with ACCORD for a minimum period of three years following their graduation.

Other costs, including travel, accommodation and subsistence are met by the trainee for the duration of the training period.

I declare that all the above statements and information are true and complete to the best of my knowledge.

I understand that any misstatement or omission of facts constitute grounds for non-selection or withdrawal.

I hereby give permission for contact to be made with all relevant persons.

Candidate's signature: _____

Date: _____

Please complete this form and return it to:

bhorgan@accord.ie

or by post to:

*Breda Landy Horgan,
ACCORD Catholic Marriage Care Service,
Columba Centre,
Maynooth,
Co. Kildare
W23 P6D3*

Closing date for receipt of applications is 30 April 2025



VISION STATEMENT

ACCORD 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.
- * **Couples and Relationship counselling /therapy** 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.
Accord is an inclusive organisation and welcomes all couples and individuals seeking support to improve their couples relationships.

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 to be selected to commence training as a Person Centred Couples and Relationships Counsellor/Therapist. A supervisor's report on her/his 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 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:

Supervision experience 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 application 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

(if with current supervisor for less than 12 months)

CONFIDENTIAL

Name of Applicant: _____

Applicant's Address: _____

The above named applicant has applied to be selected to commence training as a Person Centred Couples and Relationships Counsellor/Therapist. A supervisor's report on her/his 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 applicant's supervision contract has been in place for less than 12 months we ask that you, as their previous supervisor, complete this report which will then be accompanied by a report from the applicant's current 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:

Supervision experience 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?

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Supervisor : _____ **Date:** _____