

Addendums for Students and ACAP Pre-Accreditation applicants for the period of COVID-19 pandemic. For practice hours between March 2020 to Sept 2021.

Personal Details

Name: _____

Address: _____

Dob: _____

Membership: Pre-Accredited/Student/Accredited

Membership Number: _____

Clinical Practice Hours with clients between March 2020 and Sept 2021

How many hours were online? _____

Video: _____

Phone: _____

Were any of these hours parenting/support calls? yes/no

If so how many? _____

Training and Insurance

Did you have any training for online work? Yes/No

Name of Training/Certification: _____

Were you covered by insurance for your online work? Yes/No

Did you work outside the Republic of Ireland? Yes /No

If you did, were you covered by insurance? Yes/No

Supervision

How many hours of Supervision were completed during this time?

Online/Video: _____

Phone: _____

Total: _____

Declaration

I _____ hereby confirm that the above is true and accurate to the
best of my knowledge, Signed: _____ Date: _____