



**Application pack for endorsement as an Associate Alcohol and Other Drug Practitioner**

***Please note that you must be a member of dapaanz before you can apply.***

For your application, you need:	Completed (tick)
1. Application form (see page 2)	<input type="checkbox"/>
2. Disclosure of convictions (see page 3)	<input type="checkbox"/>
3. Assessment report from your supervisor (see page 4 & 5)	<input type="checkbox"/>
4. Form from your line manager supporting your application and verification of qualifications (see page 6)	<input type="checkbox"/>
5. Curriculum Vitae (CV) and copy of certified qualifications to be attached	<input type="checkbox"/>
6. Payment of application fee for \$128.00 Please make cheque payable to Dapaanz. You may pay by direct credit (Kiwibank: 38-9001-0625548-01). You must put your membership number or name in the reference box. If the fee is being paid by your employer, please specify. Receipt and membership certificate will be issued.	<input type="checkbox"/>

***Incomplete documentation will lead to delays in processing your application. Processing commences upon the receipt of your fee.***

**Post to: Dapaanz, PO Box 25056, Panama Street, Wellington 6146  
Courier to: Dapaanz, Level 6, Aviation House, 12 Johnston Street, Wellington 6011**



**Application for endorsement as an Associate Alcohol and Other Drug Practitioner**

- 1. Name:
- 2. Membership number:
- 3. Name you wish to go on the certificate:
- 4. Address for correspondence: home / work (please circle)
- 5. Daytime contact phone number:  
Mobile number:  
E-mail address:
- 6. Organisation name and town/city:
- 7. Job title:
- 8. Name of your line manager:
- 9. His/her daytime contact phone number:
- 10. Number of years working in addictions treatment:
- 11. Do you have at least six months working in addiction treatment with a minimum 100 hours:  
**yes / no**
- 12. Are you currently working in addictions treatment and completed at least 75 hours of direct and supervised client contact:  
**yes / no**

**Signed:** ..... **Date:** .....



### Disclosure of convictions

In order to provide as much protection as we can to the public and to protect the integrity and accountability of dapaanz as a professional association, applicants for endorsement as an Associate Alcohol and Other Drug Practitioner will be required to disclose any offences committed for which they have been convicted in a court of law and that carries a minimum 1 year sentence.

Disclosure is common practice with membership of professional organisations.

The Executive is aware that some applicants will have a criminal history and have made significant changes in their lives since. It is respectful of these experiences and considerate of the length of time since the offending and the nature of the offences.

<b>All applicants must answer the following question. Please circle your answer.</b>	
<b>Have you ever been convicted of a criminal offence?</b>	<b>yes / no</b>

**Sign below and attach the form to your application. If yes, then give year offence(s) committed, nature of offences, charges laid and the outcome and attach on a separate sheet.**

**Note:**

- 1) You may be asked to clarify any matters arising from the disclosure.
- 2) If an applicant is declined endorsement on grounds of the disclosure, the normal appeal procedure will apply.

**Name:** .....

**Signature:** .....

**Date:** .....



## Assessment report from Supervisor

Name of Applicant: .....

### Associate Alcohol and Other Drug Practitioner

The applicant for endorsement demonstrates understanding and skill in the Addiction Intervention Competency Framework (dapaanz 2011). The applicant is able to work responsibly, safely and effectively within the dapaanz Code of Ethics under direction and supervision as well as sometimes in self-directed activity. The applicant can, where appropriate:

- Carry out specialised tasks
- Apply practitioner skills in complex, variable and specialised routine contexts
- Understand, and have their practice reflect that understanding, of social justice issues
- Analyse, apply, reformat and evaluate information
- Formulate appropriate responses to concrete and abstract problems
- Manage treatment processes
- Work competently, sometimes sharing a lead role, within defined activities
- Be responsible and accountable for determining and achieving outcomes

An Associate Alcohol and Other Drug Practitioner is able to collect data/information about a client, to analyse it and identify relevant diagnoses or specific problems that then become the focus for interventions. Interventions are recommended on the basis of a knowledge of which interventions are appropriate for specific disorders or problems, and the practitioner can then organise these interventions and undertake a number of them.

For example, the practitioner will be able to take a comprehensive history of alcohol and drug related problems; will be able to recognise the presence of problems such as alcohol dependence, other drug dependence, common co-occurring mental health problems, some medical complications, and a history of abuse. They will have learnt that certain interventions are appropriate for a number of these problems; for example Alcoholics Anonymous or CBT for alcohol dependence, referral to a practitioner skilled in mental health assessment and interventions for treatment of depression and so on.

In accordance with your observation of the applicant’s work, would you assess the applicant as routinely working at an Associate Alcohol and Other Drug Practitioner level?

**I assess the applicant,** ..... (print name)  
as competent in routinely working at an Associate Alcohol and Other Drug Practitioner level, within the dapaanz Code of Ethics and in the context of the Addiction Intervention Competency Framework (dapaanz 2011).

I am aware that this statement will form an important part of the assessment of the competency of the applicant and I understand the ethical implications with regard to the applicant's ability to take up an appropriate role as an Associate Alcohol and Other Drug Practitioner.

**Signed:** .....

**Name (please print):** .....

**Date:** .....

**Note:** *There are two other levels: 1) endorsement as a Support Worker and, 2) a more advanced level of registration as an Alcohol and Other Drug Practitioner. Please refer to relevant documents on website.*



**Support by Line Manager for application for endorsement as an Associate Alcohol and Other Drug Practitioner and Certified Verification of Qualifications**

**Name of Applicant:** .....

..... is an experienced Associate Alcohol and Other Drug Practitioner whose standard of practice demonstrates competency, and adherence to ethical standards. I therefore support this application for endorsement as an Associate Alcohol and Other Drug Practitioner.

I confirm that .....

- (a) has completed more than 6 months of working in addictions treatment, of at least 100 hours, in the past year.
- (b) has completed more than 75 hours of direct and supervised client contact in the past year.
- (c) I certify that I have sighted the originals of the photocopies of qualifications supporting this application and believe them to be a true record.
- (d) The qualifications are those required for this application.

I support this application in general.

**Signed by:** .....

**Name (please print):** .....

**Organisation:** .....

**Date:** .....

**Note:** *For self employed Practitioners only, this form can be completed by their Supervisor.*