



All completed applications to be returned to:

Andrew Fitzgerald  
Drugs, Primary Care & Community Programs Branch  
Mental Health, Wellbeing, Social Capital & Ageing Division  
Department of Health & Human Services  
GPO Box 4541, Melbourne, Victoria, 3001.

**Clinical Drug Assessor – Accreditation Application**

**Applicant Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

In addition to completing the sections below please attach the following information:

- Photocopies of relevant qualifications, including subject list and results achieved
- Full curriculum vitae, giving details of positions held and duties performed
- Any other relevant details

**Mandatory Qualifications and Experience:**

- Possess an appropriate tertiary qualification (minimum level of Diploma) in a health-related discipline. e.g. nursing, psychology, social work. (Qualifications in fields such as criminology and welfare are not acceptable). A specific qualification within the field of substance misuse is seen as an advantage. e.g. Graduate Diploma in Addiction Studies.

Title of qualification and institution: \_\_\_\_\_

- Has attained the minimum educational standard for working within the alcohol and drug system e.g. Certificate IV in Alcohol and Drug Work or equivalent competencies

Title of qualification and institution: \_\_\_\_\_

- Has a minimum of 12 months, full-time, alcohol and drug work clinical experience delivering a range of treatment interventions in a credible alcohol and drug treatment agency/program

1. Drug Treatment Agency: \_\_\_\_\_

Position Held: \_\_\_\_\_ No. Months FT Experience: \_\_\_\_\_

2. Drug Treatment Agency: \_\_\_\_\_

Position Held: \_\_\_\_\_ No. Months FT Experience: \_\_\_\_\_

3. Drug Treatment Agency: \_\_\_\_\_

Position Held: \_\_\_\_\_ No. Months FT Experience: \_\_\_\_\_

- Possesses relevant and appropriate counselling skills and experience

Brief outline of counselling skills and experience:

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**I certify that the details given in this application are correct. I have attached:**

- Photocopies of relevant qualifications, including subject list and results achieved
- Full curriculum vitae, giving details of positions held and duties performed
- Any other relevant details

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Clinical Supervisor (Block letters please): \_\_\_\_\_

Agency name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**OFFICE USE ONLY**

<b>Clinical Drug Assessor</b>	
<b>Not Recommended / Recommended for Accreditation</b>	<b>Date:</b> ____/____/____
Recommendation accepted / rejected	
<b>Authorised by:</b>	<b>Date:</b> ____/____/____
Manager AOD Service Performance Drugs, Primary Care & Community Programs Branch Mental Health, Wellbeing, Social Capital & Ageing Division Department of Health & Human Services	