**ACCREDITATION REVIEWS FOR SUPERVISORS IN ANZACPE**

**REQUEST FOR REVIEW**

**This Request Form replaces the letter of support for application for review as listed in the current ANZACPE Standards.**

**Please note:** the change of timing for notifying the Chair of Professional Standards of the request for review – now **April 1st of the year of review.**

**Please refer to**: **STANDARDS AND PROCEDURES FOR ACCREDITATION AS SUPERVISORS IN ANZACPE** for minimum requirements for accreditation.

**REVIEW FEES**: Accreditation $700.00 Re-accreditation:  $600.00

**NOTE:** These fees are inclusive of a **non-refundable $50.00** **Administration Fee which must accompany the request for review.** For details of payment options, contact the treasurer, Cathy Brown [cathy@brownclan.id.au](mailto:cathy@brownclan.id.au)

**NOTE:** **NZACPE & SANTACPE** fees are calculated according to the number of their members on the review committee. Please check with the **Chair, Professional Standards** on request for review.

**Association:** Click here to enter text.

**Type of review: Accreditation, Re-accreditation** Click here to enter text.

**Level of Review: Level 2, Level 3** Click here to enter text.

**Location of Review: ANZACPE Conference or alternative timing/location.** Click here to enter text.

**Title & Name of Candidate for review:** Click here to enter text.

**Faith Group Affiliation:** Click here to enter text.

**Postal Address:** Click here to enter text.

**Email Address:** Click here to enter text.

**Phone:** Click here to enter text. **Mobile:** Click here to enter text.

**Verification of the candidate having met minimum requirements for ANZACPE review:** Click here to enter text.

**Number of years functioning at current level:** Click here to enter text.

**Any special requests or points to note regarding this review:** Click here to enter text.

**Association Committee Members (max. 3) nominated by the Association (and having accepted nomination):**

**Title and Name:** Click here to enter text.

**Accreditation Level:** Click here to enter text.

**Faith Group Affiliation:** Click here to enter text.

**Proposed Role on Committee: (Chair, Presenter, Member)** Click here to enter text.

**Postal Address:** Click here to enter text.

**Email Address:** Click here to enter text.

**Phone:** Click here to enter text. **Mobile:** Click here to enter text.

**Title and Name:** Click here to enter text.

**Accreditation Level:** Click here to enter text.

**Faith Group Affiliation:** Click here to enter text.

**Proposed Role on Committee:** Click here to enter text.

**Postal Address:** Click here to enter text.

**Email Address:** Click here to enter text.

**Phone:** Click here to enter text. **Mobile: Click here to enter text.**

**Title and Name:** Click here to enter text.

**Accreditation Level:** Click here to enter text.

**Faith Group Affiliation:** Click here to enter text.

**Proposed Role on Committee:** Click here to enter text.

**Postal Address:** Click here to enter text.

**Email Address:** Click here to enter text.

**Phone:** Click here to enter text. **Mobile:** Click here to enter text.

**Association office bearer making request (if a different person to the one receiving the post review report, please indicate, including the person’s details):** Click here to enter text.

**Name:** Click here to enter text.

**Role Title (Secretary, Chair R&C Committee etc.):** Click here to enter text.

**Email Address:** Click here to enter text. **Mobile:** Click here to enter text.