



Irish Association for Counselling and Psychotherapy

IACP CPD Event Recognition Application Form

A person proposing to organise a course / event (Organiser) applies for CPD recognition for the course / event by completing the IACP CPD Recognition Application Form. Please support the application with the course brochure and any promotional materials that might be relevant.

Completed applications including supporting documentation should be submitted by post or email to IACP Development & Innovation Department, Irish Association for Counselling & Psychotherapy, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin at least six weeks in advance of the proposed date for the course / event.

TITLE OF EVENT / COURSE

LOCATION / VENUE, DATE(S)

Location: _____

Venue: _____

Dates: _____

Documents will be destroyed after an appropriate period of time as per the IACP Retention policy. Do not send any original documents unless specifically requested. Keep a copy of any application forms/correspondence you send to IACP for your own records.

ORGANISER CONTACT DETAILS AND BIOGRAPHY / ACCREDITATION DETAILS (If applicable)

Full Name: _____

Address: _____

Website: _____

Telephone Number: _____ Email address: _____

Information for the invoice (if different than above):

Do you wish to advertise your event on the IACP Website in external events section? Y/N

Education /
Qualifications Details: _____

Accreditation Details: _____

SPEAKERS / FACILITATORS (If applicable)

(Evidence is required that the presenters and / or facilitators have the expertise to deliver the learning objectives using the methods chosen.)

SPEAKER / FACILITATOR 1

Full Name: _____

Contact Number: _____ Email address: _____

Biography / Credentials: _____

SPEAKER / FACILITATOR 2

Full Name: _____

Contact Number: _____ Email address: _____

Biography / Credentials: _____

SPEAKER / FACILITATOR 3

Full Name: _____

Contact Number: _____ Email address: _____

Biography / Credentials: _____

SPEAKER / FACILITATOR 4

Full Name: _____

Contact Number: _____ Email address: _____

Biography / Credentials: _____

SPEAKER / FACILITATOR 5

Full Name: _____

Contact Number: _____ Email address: _____

Biography / Credentials: _____

SPEAKER / FACILITATOR 6

Full Name: _____

Contact Number: _____ Email address: _____

Biography / Credentials: _____

SPONSORSHIP – provide a list of sponsors if applicable

OTHER INFORMATION REGARDING THE COURSE / EVENT

- Proposed Number of Attendees for the event:
- Contact person for making reservations and enquires (link to the online reservation)

- Fees and fees breakdown (what is included in the price, e.g. materials, coffee breaks, lunch)

- Cancellation and Refunds policy

APPLICATION FEE

This fee is non-refundable and the fee is per event. If you wish to apply for a recurring event, this needs to be clarified within the application form and the fee must be multiplied by the amount of the events planned. There is a discount of 25% for recurring events / courses.

Event organised and / or hosted by a commercial organisation(s): €300

Event organised and / or hosted by a commercial educational provider: €170

Event organised by a registered charity with registration fee: €100

Event organised by a registered charity if the event is free: €50

Number of events applying for:

Total Application Fee applicable:

(Please note this fee is non-refundable.)

METHOD OF PAYMENT: Direct Debit / Credit Card / Cheque (circle one)

Card Number

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Expiry Date:

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Signature:

Date:

DISCLAIMER

By my signature, I acknowledge that I have read, understand, and agree to the IACP GUIDELINES FOR APPROVAL OF CPD EVENTS.

By submitting this form, I attest that the information provided is true and accurate.

Signed on behalf of Organiser:

Date:

OFFICE USE ONLY

Application meets IACP requirements listed in IACP GUIDELINES FOR APPROVAL OF CPD EVENTS.

CPD Points Awarded for Event / Course:

Signed:

Date:

Application doesn't meet requirements listed in IACP GUIDELINES FOR APPROVAL OF CPD EVENTS on the following grounds:

Signed:

Date:
