



Irish Association for Counselling and Psychotherapy

# Volunteering with IACP Sub-Committees Application Form

**Thank you for your interest in volunteering with IACP. This Application will be sent to the relevant committee for consideration. Some sub-committee may require additional information (e.g. a C.V.). IACP policy is that all volunteer forms are sent to the Complaints Committee for clearance and to the Board of Directors for ratification. This takes approximately 8 weeks.**  
Please complete this form using CAPITAL LETTERS and return your completed application form to:  
IACP, First Floor, Marina House, 11-13, Clarence Street, Dun Laoghaire, Co. Dublin.

1. PERSONAL DETAILS

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

Forename: \_\_\_\_\_ Phone: \_\_\_\_\_ (Mobile)

Address: \_\_\_\_\_ (please indicate preference for contact): \_\_\_\_\_ (Home)

\_\_\_\_\_ (Work)

\_\_\_\_\_

2. IACP MEMBERSHIP

Category of Membership (please tick one):  Accredited  Pre-Accredited  Student

If Accredited, please include date of First-time Accreditation with the IACP: \_\_\_\_\_

3. VOLUNTEERING WITH IACP

Committee you want to volunteer on? \_\_\_\_\_

Reason for interest / wanting to serve on this committee: \_\_\_\_\_

\_\_\_\_\_

Skills / Experience relevant to this committee: \_\_\_\_\_

\_\_\_\_\_

Have you served on any other IACP Sub-Committee and if so which?  
\_\_\_\_\_

4. DECLARATION

I apply as a volunteer with IACP Sub-Committee. I confirm that I agree to be bound by the IACP Memorandum and Articles of Association and to abide by the IACP Code of Ethics and Practice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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.