

Call for Session Proposals for the Knowledge Exchange and Reflection: The 7th Counselling and Psychotherapy Conference organised by the IACP, the University of Holy Cross, New Orleans and DePaul University Chicago.

**Venue: Trinity College Dublin, Dublin 2.**

**Date: 19th of July 2023.**

Presentation length: 45- 50 mins plus 10 mins Q&A.

Remuneration: No formal remuneration. Each presenter receives a free event ticket and an invitation to networking drinks reception.

Presentation Topic: Flexible, relevant to Counselling and Psychotherapy Practice or Supervision Practice.

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| **Session Submission**  Submission Title: |  |

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| PRESENTER DETAILS, BIOGRAPHY / ACCREDITATION DETAILS   |  |  | | --- | --- | | Full Name: |  | | Website: |  |  |  |  |  |  | | --- | --- | --- | --- | | Telephone Number: |  | Email address: |  |  |  |  | | --- | --- | | Education / Qualifications Details: |  | |  |  | |  |  | |  |  | |  |  | | Accreditation Details: |  | |  |  | |  |  |  |  |  | | --- | --- | | Biography: |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| OBJECTIVES FOR THE SESSION   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| |  | | --- | | OTHER INFORMATION REGARDING THE SESSION | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

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| OTHER SPEAKER / FACILITATOR (If applicable)   |  |  | | --- | --- | |  | | | Full Name: |  |  |  |  |  |  | | --- | --- | --- | --- | | Contact Number: |  | Email address: |  |  |  |  | | --- | --- | | Biography / Credentials: |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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IACP may be recording this event for use in an online video library, publicity and/or marketing materials including use on their websites. This filming will primarily focus on the speakers and their presentations. Your attendance at this event means that you give deemed consent to your inclusion in these recordings including any of the materials used during the presentation / breakout session.

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parties.

4. IACP has no financial commitment or obligations to me as a result of Agreement.

5. I have read, understand and agree to all of the above and that the rights granted IACP herein are perpetual and worldwide.

I agree with all above:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I don’t give permission for all above but I am still interested in presenting at this event:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

To submit a proposal for consideration, please send completed proposal to Iwona Blasi Innovation & Development Manager to [iwona@iacp.ie](mailto:iwona@iacp.ie) by 12noon on June 6th 2023.