



Irish Association for Counselling and Psychotherapy

Counselling & Psychotherapy Training Courses Accreditation Annual Monitoring Report Form

NOTICE TO APPLICANTS: Please complete this application for the current academic year.

Please enclose a copy of the current timetable including modules, module tutor, time, day and location of each class with your completed form.

Please return this completed form to: Course Accreditation Officer, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin or accreditation@iacp.ie.

COURSE PROVIDER DETAILS

Name of Course Provider: _____

Address: _____

Phone: _____

Email: _____

Website: _____

IACP Organisational Number: _____

COURSE DETAILS

Full Course Title (as it appears on graduate certification and advertising):

Please note: only exact title will be accepted by the IACP.

Total Number of Students enrolled on this course: _____

Total Number of Students enrolled on this course, per year: Year 1: Year 2: Year 3: Year 4:

Total Number of Classes per year: Year 1: Year 2: Year 3: Year 4:

Total Number of Students per class, per year. Year 1: Class A: Class B: Class C: Class D:

Year 2: Class A: Class B: Class C: Class D:

Year 3: Class A: Class B: Class C: Class D:

Year 4: Class A: Class B: Class C: Class D:

COURSE APPLICATION CO-ORDINATOR / CONTACT PERSON

(Appointed by the Course Provider to liaise with the IACP)

Name: _____

Position Held: _____

Direct Phone Number: _____

Direct Email: _____

EXTERNAL EXAMINER

Please note: The External Examiner must be appointed by the Course Provider. The Examiner remains directly accountable to the Course Provider and not the course itself. The External Examiner will have no current association with the Course Provider or course or any current personal or social relationship with any of the course staff or trainees. External Examiners are seen as independent and unbiased.

Name of External Examiner: _____

Direct Phone Number: _____

Direct Email: _____

CORE STAFF

Core Staff are members of course staff who have ultimate responsibility for the quality of the course and for the experience and wellbeing of students and their clients.

Please Note: The IACP must be notified immediately of any changes in Core Staff Members.

1. Name of **Core Staff Member**: _____

2. Name of **Core Staff Member**: _____

3. Name of **Core Staff Member**: _____

COURSE CHECKLIST

Please respond **Yes** or **No** to the following questions.

Please Note: If this declaration is found at any time to be untrue the accreditation status will be withdrawn.

Do students engage in 50 hours of personal therapy with a therapist suitable to the course's model of training and theoretical model?	Yes	No
Do students have access to an accredited supervisor?	Yes	No
Does the course provider have professional indemnity insurance cover for themselves and their students?	Yes	No
Does the External Examiner have any current association with the institute or course?	Yes	No
Does the External Examiner have any involvement with any of the course staff or students?	Yes	No
Are two members of the core staff directly involved in the selection process?	Yes	No
Do the core staff trainers have central involvement in admission, course management, theory, skills training, supervision and assessment?	Yes	No
Are core staff appropriately qualified to teach and supervise the main elements of the course?	Yes	No
Does the course allow the roles of skills trainer and supervisor to be provided by the same core staff?	Yes	No
Do core staff, external supervisors and any others who make a significant contribution to the training programme, agree to work within the current version of the IACP's Code of Ethics and Practice?	Yes	No
Does the course ensure that students do not gain their client counselling / psychotherapy experience through private or independent practice?	Yes	No
Does the course ensure students are provided with appropriate placements and client therapy hours?	Yes	No
Does the course ensure that client therapy hours take place within an appropriate setting?	Yes	No
Does the course ensure that students indicate their trainee status to an agency and to their clients?	Yes	No
Does the course ensure, validate and monitor the students' client therapy hours?	Yes	No
Does the course ensure that students have access to regular and sufficient supervision consistent with the core theoretical model?	Yes	No
Does the course ensure that the supervisors are appropriately qualified and experienced with substantial experience of supervising Counsellors and Psychotherapists?	Yes	No
Does the course provider ensure that recommended books and journals are accessible to students?	Yes	No

CHANGES IN ACCREDITED TRAINING COURSE

Please note:

The IACP requires notification of any changes that have occurred to the Accredited training course during the course's six year accreditation period.

If any change *has* occurred, please note under each Course Accreditation Criteria section, considering all subsections within each from your preceding application. Please give a brief reason for the change.

If there has been no change within a section, please write 'NO CHANGE'.

ACCREDITATION APPLICATION SECTIONS:

SECTION 1: REQUIREMENTS FOR COURSE ACCREDITATION

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 2: ADMISSION

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 3: STAFF

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 4: COURSE RATIONALE, PHILOSOPHY AND DESIGN

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 5: WORK ON SELF

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 6: WORK WITH CLIENTS

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 7: SUPERVISION

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 8: THEORY

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 9: SKILLS TRAINING

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 10: METHODS

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 11: PROFESSIONAL ISSUES

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

SECTION 12: ASSESSMENT

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

FACILITIES

Change that has occurred:

Reason for change:

Has the change been noted in the preceding application? (Yes or No) _____

DECLARATION & DISCLAIMER:

Terms and Conditions Contract for Courses

Failure to comply with the Terms and Conditions Contract will result in an application being withdrawn from the application process. For courses awarded accredited status, this will be withdrawn if the course fails to comply with these Terms and Conditions, with or without conditions for future re-application.

Please tick the box if you agree with the Terms and Conditions Contract for Courses

It is the Association’s intention to afford accreditation for a 6 year period. The Course Provider must guarantee that the course will maintain the agreed format for the 6 year duration of accreditation in terms of standards, numbers, staff, core philosophy and design. The IACP reserves the right not to award accreditation or to withdraw accreditation, in relation to a course where there exist circumstances which lead the IACP to believe that the ethos promoted by the course or the course providers, or their employees or agents as part of the course or as part of the environment surrounding the course, is / are not compatible with the ethos promoted by the IACP. This is a discretionary right of the IACP.

Responsibility / Liability

The course is responsible for ensuring that it understands, meets and continues to meet all requirements for course accredited status. Where IACP suspends or withdraws accredited status from a course, it is a matter between the Course Provider and its students. The IACP has no liability to students on a course where it suspends or withdraws its accredited status. The Course Provider of the course will be responsible to the students for any detriment caused to them as a result of the course losing its accreditation.

I confirm the information I have supplied is correct and true. I understand that any inaccurate or false information, or omission of material information, shall render course accreditation invalid and accredited status will be withdrawn by the IACP.

Signed by Authorised Course Signatory: _____

Print Name: _____

Position: _____ 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.