Irish Association for Counselling and Psychotherapy

First Time Accreditation Application Form

NOTICE TO APPLICANTS: Please use CAPITAL LETTERS throughout your application. If insufficient space is provided on this form, you may attach extra pages, numbering each additional answer.

You are advised to read the Accreditation Section of the website www.iacp and the 'IACP Code of Ethics and Practice' before completing this form. Please consider printing these pages double sided if the option is available to you.

Return this form, together with your Supervisor Report Form(s) and a copy of your core course certificate signed by your Supervisor to: The Accreditation Department, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin, or scan and email to accreditation@iacp.ie

1. PERSONAL DETAILS

Gender: _____ Date of Birth (dd/mm/yy): _____

Membership Number: _____ Title: _____

Surname: _____ First name: _____

Address: _____

_____

_____

Email: _____ Mobile Phone Number: _____

Employer / Occupation: _____

2. CORE COURSE. *Evidence of successful completion of core course must be submitted with application*

Course Provider Name: _____

Full Course Title: _____

Address of Course Provider: _____

_____

_____

Location of course (if different to above): _____

Course Days: weekday or weekend?

Start Date
(DD/MM/YYYY)

_____

End Date
(as per course documentation)
(DD/MM/YYYY)

_____

If your course end date is more than five years ago, please address the reasons for this in a cover letter (see https://iacp.ie for details)

Was this an IACP Accredited Course? Yes ☐ No ☐

If No please complete the Non-IACP Accredited Course details on page 5 and submit with your application along with all supporting documentation.

3. CLIENT WORK AFTER IACP TRAINING REQUIREMENTS ARE MET (100/120 hours, min. of 2 academic years, 50 hours personal therapy)

Supervision must take place at least monthly with a minimum of one supervised session to every 10 client contact hours. Totals at the bottom of the page must be calculated.
Please use a separate row for each year of practice.

Date from:	Date to:	Total Client Hours within this time:	Did Supervision take place monthly (✓ or **X**):	Number of individual supervision hours within this time	Number of group supervision Hours within this time	Name of Supervisor
01/01/2015 Example	*31/12/2015 Example*	*120 Example*	✓ *Example*	*12 Example*	*0 Example*	*Joe Bloggs Example*
	TOTALS					

Ratio: Client hours to Supervisor hours (divide Client Hours by Supervisor Hours):

Of the total client hours above, how many were with:

Groups/couples/families ☐

Clients under the age of 18 ☐

Client hours completed remotely ☐

Client hours completed face-to-face ☐

Please explain any gaps in your client work here (include additional pages if required):

4. YOUR PHILOSOPHY OF COUNSELLING

This should describe your persona l and theoretical counselling I psychotherapy philosophy and show how it is congruent with your current counselling I psychotherapy practice (between 400 and 500 words).

5. SUPERVISION Name, address and qualification(s) of current Supervisor

Name: _____

Address: _____

_____

_____

Qualifications: _____

Did you change supervisor after graduation / successful completion of course? Yes ☐ No ☐

6. COMMITMENT TO PROFESSIONAL AND PERSONAL DEVELOPMENT

Please provide a summary of CPD completed during the last 12 months. Please do not submit CPD logs with this application unless requested. Information pertaining to CPD can be found on the IACP website www.iacp.ie

10 hours/points of CPD from the 12 months prior to submitting must be documented below, 3 of which can be supervision received:

_____

_____

_____

_____

_____

7. PROFESSIONAL CONDUCT

7.1 Have you ever been refused accreditation by any other professional body? Yes ☐ No ☐
(if yes, include cover letter with application)

7.2 Have you ever had your accreditation withdrawn by any other professional body? Yes ☐ No ☐
(if yes, include cover letter with application)

8. FIRST TIME ACCREDITATION REQUIREMENTS

PROFESSIONAL LIABILITY INSURANCE
I confirm that I have adequate current and on-going professional indemnity insurance ☐

Name of Insurance Company: _____

Policy Number: _____ Expiry Date (dd/mm/yy): _____

IACP GARDA VETTING
I confirm my IACP Garda Vetting is valid and current / I have applied to IACP for Garda Vetting ☐

9. SIGNATURE OF CURRENT SUPERVISOR

I confirm that to the best of my knowledge, the above details are true and I believe the applicant to be a Counsellor/ Psychotherapist worthy of IACP Accreditation.

Signature of Supervisor: _____ Date: (dd/mm/yy): _____

10. SIGNATURE OF APPLICANT

I wish to apply for IACP Accreditation. I have read the IACP Code of Ethics and Practice and I agree to abide by it. 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 this application invalid.

Signature of Applicant: _____ Date: (dd/mm/yy): _____

NON IACP ACCREDITED COURSE DETAILS

If your core course was not IACP Accredited when you completed it, please complete this table

Supporting Documentation from the course provider must be submitted to demonstrate the following requirements were met.

Criteria	Was this criterion met?	State where in the documentation (page and paragraph number) provided it shows this requirement was met and highlight accordingly. Applications where this is not clearly indicated will be returned to sender
1. Course length must be a minimum of two years full or part time	Yes ☐ No ☐	
2. Minimum of 100 hours of supervised individual client contact hours* *(120 for courses starting September 2020)*	Yes ☐ No ☐	
3. Ratio of 1 hour of supervision for every 5 client contact hours *(1:8 ratio accepted for courses starting before 2015)*	Yes ☐ No ☐	
4. 450 hours of class (student/tutor) contact hours including skills, theory & self-development (Documentation provided must include: • A breakdown of these hours (skills training/theory/self-development etc.) • Module descriptors • Assessment methods used)	Yes ☐ No ☐	
5. A detailed study of 1 theoretical model of Counselling/Psychotherapy with an introduction to others	Yes ☐ No ☐	
6. 50 hours of personal therapy (letter from therapist confirming hours also accepted)	Yes ☐ No ☐	
7. Applicants must be assessed prior to being accepted onto the course	Yes ☐ No ☐	
8. Certificate of successful completion of the course must be issued to students	Yes ☐ No ☐	
9. In-house group supervision during training	Yes ☐ No ☐	
10. Was your external supervision during training individual	Yes ☐ No ☐	
11. Was your core course completed entirely with course provider named above? If No please provide details.	Yes ☐ No ☐	
12. Was there any credit allowance or Approved Prior Learning (APL) granted as part of your core course? If Yes please provide details.	Yes ☐ No ☐	

** Client work refers to specific one-to-one counselling/psychotherapy relationships with clients over 18 years of age*

NON IACP ACCREDITED COURSE DETAILS (Continued)

Supporting Documentation from the course provider must be submitted to demonstrate the following requirements were met.

Criteria	**State where in the documentation (page and paragraph number) provided it shows this requirement was met and highlight accordingly. Applications where this is not clearly indicated will be returned to sender**
13. Qualification of staff. Name at least two core tutors and their qualifications and professional bodies	
14. Please list the Accreditation of external supervisor(s) during training?	
15. Please list the Accreditation of personal therapist(s) during training?	

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 this application invalid.

Signature of Applicant: _____ Date: (dd/mm/yy): _____

IACP gather and process your personal information in accordance with the relevant Irish Data Protection legislation and other, applicable laws. We process your personal information to meet our legal, statutory, and contractual obligations and to provide you with our products and services. We will hold your data securely and will never disclose your data to another organisation without your consent, unless required to do so by law. In addition, we only ever retain personal information for as long as is necessary. Should we engage the services of third party service providers in order to process your data, such processing is done in compliance with the applicable legislation, and within the terms of a formal, written contract.