



Retired Accredited Membership Application Form

Irish Association for Counselling and Psychotherapy

Please complete using CAPITAL LETTERS and return to the IACP, First Floor, Marina House, 11-13, Clarence Street, Dun Laoghaire, Co. Dublin .

Title _____ Membership Number _____

Surname _____

Forename _____

Primary Address _____

Mobile phone number _____

Home phone number _____

Email _____

Gender: M F

Date of Retirement _____

Requirements for Retired Accredited Members

- Retired Accredited Membership is open to any current or past IACP Accredited Member who has permanently ceased practising, in a paid or voluntary capacity, as a Counsellor / Psychotherapist. Renewal of accreditation and meeting the requirements for renewal, are therefore not necessary.
- Applications must be submitted to the IACP office for approval
- Retired Accredited Members must adhere to the IACP Code of Ethics
- Retired Accredited Members may refer to themselves as “IACP Retired Accredited Member” only and they may not use the IACP Accredited Member logo or present themselves other than “IACP Retired Accredited Member” on any marketing or promotional materials, including printed and electronic
- Annual membership fee is €50 – a 5% discount for over 65’s will also be given where applicable
- Retired Accredited Members will not be listed on the IACP Referral Database
- Retired Accredited Member may not practice as an IACP Counsellor / Psychotherapist

DECLARATION

I apply for membership of IACP as a Retired Accredited Member.

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.

I confirm the information I have supplied is correct & true. I understand that any inaccurate or false information or omission of material information shall render this application invalid.

I have read and understand the above requirements for Retired Accredited Members.

Signature _____

Date _____