



Irish Association for Counselling and Psychotherapy

Inactive Accredited Supervisor Membership Application Form

Inactive Accredited Supervisor Membership: This category is open to Accredited Supervisor Members who intend to suspend practising as a supervisor for a period of more than six months.

Members who are ceasing practice as both Counsellor / Psychotherapist and Supervisor, for a limited period, but intend to resume their practice will need to pay both inactive fees (Inactive Accredited Membership and Inactive Accredited Supervisor Membership). Members retiring from practice as Supervisors are not required to pay inactive supervisor fees.

A Supervisor Member can be an Inactive Supervisor, for a limited period, while remaining an active Accredited Member, but cannot be an inactive member and remain an active Supervisor Member.

Inactive Accredited Supervisor membership can be granted for a maximum period of 2 years.

(In exceptional circumstances periods of more than 2 years will be granted individually by application to the Supervision Committee).

You will be required to re-contract with your Supervisor before resuming your supervision practice.

Inactive Accredited Supervisor Members will retain the benefits of their IACP membership and be eligible to attend the Supervisors' Forum meetings.

Please complete this form using CAPITAL LETTERS and return, together with your membership subscription of €42, to:
The Accreditation Dept., IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin.

PERSONAL DETAILS

Surname: _____ Title: _____ Membership No: _____
 Forename: _____ Email: _____
 Address: _____ Phone: _____ (Mobile)
 _____ (Home)

DECLARATION

I apply for membership of IACP as an Inactive Accredited Supervisor 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.

Signature: _____ Date: _____

ANNUAL FEE: €42.00

Donation to IACP (IACP welcomes your donation): _____

Method of Payment: Direct Debit / Credit Card / Cheque (circle one)

Select Card: Visa / Master Card / Maestro / Laser (circle one), enter card number:

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CVV: Expiry Date:

Signature: _____ Date: _____