



Irish Association for Counselling and Psychotherapy

# Volunteering with IACP Committees Application Form

**Thank you for your interest in volunteering with IACP. This Application will be sent to the relevant committee for consideration. Some sub-committee may require additional information (e.g. a C.V.). IACP policy is that all volunteer forms are sent to Liz Gannon at [liz@iacp.ie](mailto:liz@iacp.ie) for Complaints Committee clearance and ratification.**

Please complete this form using CAPITAL LETTERS and return your completed application form to: Liz Gannon, IACP, First Floor, Marina House, 11-13, Clarence Street, Dun Laoghaire, Co. Dublin or email: Liz Gannon at [liz@iacp.ie](mailto:liz@iacp.ie)

## 1. PERSONAL DETAILS

Surname: \_\_\_\_\_ Email: \_\_\_\_\_

Forename: \_\_\_\_\_ Phone: (please indicate preference for contact)

Address: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Home)

\_\_\_\_\_ (Work)

## 1. IACP MEMBERSHIP

Category of Membership (please tick one): Accredited  Pre-Accredited  Student

If Accredited, please include date of First-time Accreditation with the IACP: \_\_\_\_\_

## 3. VOLUNTEERING WITH IACP

Committee you want to volunteer on? \_\_\_\_\_

Reason for interest / wanting to serve on this committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skills / Experience relevant to this committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you served on any other IACP Sub-Committee and if so which?

\_\_\_\_\_

## 4. DECLARATION

I apply as a volunteer with IACP Sub-Committee. 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.

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