



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 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

IACP Privacy Statement

The Irish Association for Counselling and Psychotherapy (we' or 'us' or 'our') 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.

1. PERSONAL DETAILS

Surname: _____ Email: _____

Forename: _____ Phone: (please indicate preference for contact)

Address: _____ (Home)

_____ (Home)

_____ (Work)

2. 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: _____

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.