



*Irish Association for Counselling and Psychotherapy*

# BACP

## Recognition of Accreditation Application Form

**NOTICE TO APPLICANTS:** Please use CAPITAL LETTERS throughout your application.

You are advised to read the IACP Code of Ethics and Practice and the Accreditation section of the IACP website [www.iacp.ie](http://www.iacp.ie) before completing this form. Please consider printing these pages double sided if the option is available to you.

Please return this completed form to: Accreditation Dept., IACP, First Floor, Marina House, 11-13, Clarence Street, Dun Laoghaire, Co. Dublin or by email to [accreditation@iacp.ie](mailto:accreditation@iacp.ie).

### PERSONAL DETAILS

Gender: \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_

Surname: \_\_\_\_\_ Title: \_\_\_\_\_ Forename: \_\_\_\_\_

Employer / Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

Email: \_\_\_\_\_ Date first accredited as counsellor by BACP: \_\_\_\_\_

Have you ever had a complaint upheld against you by the BACP? Yes ☐ No ☐

Have you ever been a member of another Counselling / Psychotherapy Association? Yes ☐ No ☐

If yes, state the name of the association: \_\_\_\_\_

If successful, do you wish for IACP to publish your name and County in the quarterly IACP Journal as a newly Accredited member of IACP? Yes ☐ No ☐

Do you consent to IACP sharing your membership status with third parties such as members of the public, employers and health insurers for the purpose of membership verification?

Yes ☐ No ☐

### CURRENT SUPERVISOR'S PERSONAL DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

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

IACP Accredited Supervisor: ☐ Yes ☐ No

Supervisor's Accrediting Body: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROFESSIONAL LIABILITY INSURANCE

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date (dd/mm/yy): \_\_\_\_\_

## GARDA VETTING

I understand I will have to undergo IACP Garda vetting prior to accreditation being granted.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Checklist:

1. I have enclosed a copy of my Certificate of Accreditation and current Letter of Authentication ☐
2. I have enclosed proof of completing 50 hours of personal therapy (minimum) ☐
3. My Supervisor holds IACP/BACP/IAHIP accreditation as a Supervisor ☐

## IACP - BACP Recognition of Accreditation Agreement Terms and Conditions

1. BACP will notify IACP of all Accredited Members who join BACP through this Agreement for the purposes of statistical monitoring and membership verification.
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3. Where a Counsellor/Psychotherapist is granted accreditation on the basis of this Agreement, all the benefits normally associated with each organisations accreditation status will be conferred upon the applicant.
4. A Counsellor/Psychotherapist who takes advantage of this Agreement will be required to ensure that they are working within the applicable Code of Ethics and Practice / Ethical Framework and will be subject to the respective organisations Professional Conduct Procedure.
5. Where a complaint is made against a Counsellor / Psychotherapist, the complaint will be dealt with by the appropriate organisation.
6. Both organisations will inform the other of membership being withdrawn or regarding any sanctions given to members as outcomes of Complaints Procedures / Fitness to Practice Investigations / Garda (Police) Vetting being unsuccessful, depending on the current legislation of both countries.

I have read, understand and agree to the above Terms and Conditions of the IACP – BACP Recognition of Accreditation Agreement. 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 and true. I understand that any inaccurate or false information or omission of material information shall render this application invalid.

I understand that IACP membership and accreditation may be revoked if Garda Vetting application is not approved by IACP. **Non-compliance with IACP Garda Vetting process will result with IACP Accreditation being revoked.**

I confirm that I am in current, appropriate supervision in accordance with IACP supervision requirements and will continue to do so for the duration of my accreditation with the IACP.

Signature of Applicant: \_\_\_\_\_ 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. 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.