Irish Association for Counselling and Psychotherapy

IACP Recognition of IAHIP Senior Accreditation (5 years or over) 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 before completing this form. Please consider printing these pages double sided if the option is available to you.

Please return this completed form to: The Accreditation Supervisor, IACP, First Floor, Marina House, 11-13, Clarence Street, Dun Laoghaire, Co. Dublin or scan it to Accreditation@iacp.ie.

1. PERSONAL DETAILS

Gender: _____ Date of Birth (dd/mm/yy):_____/_____/ _____

Surname: _____ Title:_____ Forename: _____

Employer /Occupation: _____

Address:_____

_____

Phone:_____(Home)_____(Mobile) Email:_____

Occupation:_____

Date first accredited as psychotherapist by IAHIP (*please provide proof*):_____/_____/ _____

End Date of current of accreditation:_____/_____/ _____

Please enclose a copy of your Certificate of Accreditation

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

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

If yes, state the name of the association: _____

A) Do you consent for IACP to share your membership status with third parties such as members of the public, health insurers and employers for the purposes of member verification Yes ☐ No ☐

B) Do you wish for your name and County to be published in IACP's quarterly journal? Yes ☐ No ☐

2. CURRENT SUPERVISOR'S PERSONAL DETAILS

Name:_____

Address:_____

Phone:_____(Home)_____(Mobile) Email:_____

Supervisor's Accrediting Body:_____Membership Number: _____

Signature of Supervisor:_____Date: _____

3. PROFESSIONAL LIABILITY INSURANCE

Name of Insurance Company: _____

Policy Number: _____ Expiry Date (dd/mm/yy): ____/____/ _____

4. GARDA VETTING

I understand that IACP Garda Vetting is required as part of the application process (IACP Garda Vetting invite will follow)

Signature of Applicant: _____ Date: ____/____/ _____

5. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Please submit details of at least 30 hours of CPD activities that relate to counselling /psychotherapy that you have completed and that have impacted on your professional practice over the past 12 months. CPD activities may include further training (given and received), seminars, workshops, publishing articles, published research, committee work etc. [N.B. This list is not exhaustive]. Please note 10 hours can be from supervision received.

CPD Activity (*brief description of the activity*): No. of Hours:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

I am satisfied that the above activities have contributed to the personal and professional development of the applicant. I recommend this application of the applicant for the IACP Accreditation.

Signature of Current Supervisor: _____ Date: _____

IAHIP Recognition of Accreditation Terms and Conditions

1. This recognition of Accreditation is available to the IAHIP Members, who have been accredited with IAHIP for 5 years or more. Any IAHIP members who are accredited with IAHIP for less than 5 years must complete IACP First Time Accreditation requirements.
2. Where a Counsellor/Psychotherapist is granted accreditation on the basis of this recognition process, all the benefits and responsibilities normally associated with each organisation's accreditation status will be conferred upon the applicant.
3. A Counsellor/Psychotherapist who takes advantage of this Recognition Process, will be required to ensure that they are working within the IACP Code of Ethics and Practice and will be subject to the IACP Complaints Procedure.

I have read, understand and agree to the above Terms and Conditions of the IACP Recognition of IAHIP Senior Accreditation (5 years or over). 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 it 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.