

First Time Accreditation Application Form

NOTICE TO APPLICANTS: Please use CAPITAL LETTERS throughout your application. If insufficient space is provided on this form, you may attach extra pages, numbering each additional answer.

You are advised to read the Accreditation Section of the website www.iacp and the 'IACP Code of Ethics and Practice' before completing this form. Please consider printing these pages double sided if the option is available to you.

Return this form, together with your Supervisor Report Form(s) and a copy of your core course certificate signed by your Supervisor to: The Accreditation Department, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin, or scan and email to accreditation@iacp.ie

1. PERSONAL DETAILS

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

Membership Number: _____ Title: _____

Surname: _____ First name: _____

Address: _____

Email: _____ Mobile Phone Number: _____

Employer / Occupation: _____

2. CORE COURSE. Evidence of successful completion of core course must be submitted with application

Course Provider Name: _____

Full Course Title: _____

Address of Course Provider: _____

Location of course (if different to above): _____

Course Days: weekday or weekend?

Start Date
(DD/MM/YYYY)

End Date
(as per course documentation)
(DD/MM/YYYY)

If your course end date is more than five years ago, please address the reasons for this in a cover letter (see <https://iacp.ie> for details)

Was this an IACP Accredited Course? Yes ☐ No ☐

If No please complete the Non-IACP Accredited Course details on pages 5 - 7 and submit with your application along with all supporting documentation.

3. 450 CLIENT HOURS BREAKDOWN

To be recorded after IACP training requirements are met, (100/120 hours, min. of 2 academic years, 50 hours personal therapy). Supervision must take place at least monthly with a minimum of one supervised session to every 10 client contact hours post qualification and one to every five during training. Totals at the bottom of the page must be calculated.

Please use a separate row for each year of practice.

Date from:	Date to:	Total Client Hours within this time:	Did Supervision take place monthly (✓ or X):	Number of individual supervision hours within this time	Number of group supervision Hours within this time	Name of Supervisor
01/01/2015 Example	31/12/2015 Example	120 Example	✓ Example	12 Example	0 Example	Joe Bloggs Example
TOTALS						

Ratio per year = Client hours divided by Supervision hours:

Of the total client hours above, how many were with:

Groups/couples/families

Clients under the age of 18

Client hours completed remotely

Client hours completed face-to-face

Please explain any gaps in your client work here (include additional pages if required):

4. YOUR PHILOSOPHY OF COUNSELLING

This should describe your persona and theoretical counselling/psychotherapy philosophy and show how it is congruent with your current counselling/psychotherapy practice (between 400 and 500 words).

SAMPLE

5. SUPERVISION

Name, address and qualification(s) of current Supervisor

Name: _____

Address: _____

Qualifications: _____

5 (a) Were any of your supervisors also course staff on your core training? Yes _____ No _____

6. COMMITMENT TO PROFESSIONAL AND PERSONAL DEVELOPMENT

Please provide a summary of CPD completed during the last 12 months. Please do not submit CPD logs with this application unless requested. Information pertaining to CPD can be found on the IACP website www.iacp.ie

10 hours/points of CPD from the 12 months prior to submitting must be documented below, 3 of which can be supervision received

7. PROFESSIONAL CONDUCT

7.1 Have you ever been refused accreditation by any other professional body? Yes _____ No _____
(if yes, include cover letter with application)

7.2 Have you ever had your accreditation withdrawn by any other professional body? Yes _____ No _____
(if yes, include cover letter with application)

8. FIRST TIME ACCREDITATION REQUIREMENTS

PROFESSIONAL LIABILITY INSURANCE

I confirm that I have adequate current and on-going professional indemnity insurance: Yes _____ No _____

Name of Insurance Company: _____ Policy Number: _____

Expiry Date (dd/mm/yy): _____

IACP GARDIA VETTING

I confirm my IACP Garda Vetting is valid and current / I have applied to IACP for Garda Vetting Yes _____ No _____

MEMBERSHIP VERIFICATION

I consent to IACP sharing my membership status with third parties such as members of the public, employers and health insurers for the purposes of membership verification

Yes _____ No _____

IACP JOURNAL PUBLICATION

If successful, I wish for my name and County to be published in the quarterly IACP Journal Yes _____ No _____

9. SIGNATURE OF CURRENT SUPERVISOR

I confirm that to the best of my knowledge, the above details are true and I believe the applicant to be a Counsellor/ Psychotherapist worthy of IACP Accreditation.

Signature of Supervisor: _____

Date: (dd/mm/yy): _____

10. SIGNATURE OF APPLICANT

I wish to apply for IACP Accreditation. I have read the IACP Code of Ethics and Practice and I agree to abide by it. 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.

Signature of Applicant: _____

Date: (dd/mm/yy): _____

If your core training was not accredited by IACP, please continue to complete your application overleaf.

Application Checklist:

1. Completed all fields incl. signature lines
2. Included a copy of your core training signed by your supervisor
3. If applying more than five years after qualifying from your core training, you have included a cover letter to provide the Accreditation Committee with further context to assess your application
4. Page 2 "450 CLIENT HOURS BREAKDOWN" has been recorded correctly ie. One row per calendar year of practice – if you had more than one supervisor in any calendar year, please record both of their names in the same cell and combine their supervision totals together
5. A supervisor report for every supervisor that you worked with while accruing your 450 client hours
6. If you have completed a non-IACP accredited course, you have included a course handbook/prospectus/brochure with the relevant information highlighted and recorded in the checklist overleaf.
7. Incomplete applications will be returned
8. Completed applications can be emailed to accreditation@iacp.ie or posted to:
The Accreditation Department, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin

NON IACP ACCREDITED COURSE DETAILS

If your core course was not IACP Accredited when you completed it, please complete this table

Supporting Documentation from the course provider must be submitted to demonstrate the following requirements were met.

Criteria	Was this criterion met?	State where in the documentation (page and paragraph number) provided it shows this requirement was met and highlight accordingly. Applications where this is not clearly indicated will be returned to sender
1. Core course must be a minimum of: - NFQ Level 8 (or international equivalent) - 4 years full or part time in duration - 180 ECTS for a Level 8 degree and not less than 120 credits for a Level 9 qualification	Yes ☐ No ☐	
2. Minimum of 100 hours of supervised individual client contact hours* (120 for courses starting September 2020)	Yes ☐ No ☐	
3. Ratio of 1 hour of supervision for every 5 client contact hours (1:8 ratio accepted for courses starting before 2015)	Yes ☐ No ☐	
4. 70% in-person min. 500 hours of class (student/tutor) contact hours including skills, theory & self-development (Documentation provided must include: • A breakdown of these hours (skills training/theory/self-development etc.) • Module descriptors and online delivery • Assessment methods used)	Yes ☐ No ☐	
5. A detailed study of 1 theoretical model of Counselling/Psychotherapy with an introduction to others	Yes ☐ No ☐	
6. Min. 70% in-person 50 hours of personal therapy (letter from therapist accepted)	Yes ☐ No ☐	
7. Applicants must be assessed prior to being accepted onto the course	Yes ☐ No ☐	
8. Certificate of successful completion of the course must be issued to students	Yes ☐ No ☐	
9. In-house group supervision facilitated by course provider	Yes ☐ No ☐	
10. Was your external supervision during training individual - NB. min. of 70% to be in-person	Yes ☐ No ☐	
11. Was your core course completed entirely with course provider named above? If No please provide details.	Yes ☐ No ☐	
12. Was there any credit allowance or Approved Prior Learning (APL) granted as part of your core course? If Yes please provide details.	Yes ☐ No ☐	

* Client work refers to specific one-to-one counselling/psychotherapy relationships with clients over 18 years of age

NON IACP ACCREDITED COURSE DETAILS (Continued)

Supporting Documentation from the course provider must be submitted to demonstrate the following requirements were met.

Criteria	State where in the documentation (page and paragraph number) provided it shows this requirement was met and highlight accordingly. Applications where this is not clearly indicated will be returned to sender
13. Qualification of staff. Name at least two core tutors and their qualifications and professional bodies	
14. Please list the Accreditation of external supervisor(s) during training?	
15. Please list the Accreditation of personal therapist(s) during training?	

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.

Signature of Applicant: _____ Date: (dd/mm/yy): _____

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. Please do not send originals of documents as material will be destroyed in conjunction with IACP's retention period.