



Irish Association for Counselling and Psychotherapy

Re-Instatement of Accreditation Application Form – 2 months & 2 years

Please fill up this form if your membership was cancelled between 2 months & 2 years. This will be reviewed by the Accreditation Department and may be referred to the Accreditation Committee if deemed necessary. If membership lapses on more than one occasion, this will be referred to the Accreditation Committee. The individual must undergo Garda Vetting again. Please submit to accreditation@iacp.ie.

1. Personal details

Gender: _____ Date of Birth (dd/mm/yy): _____ Membership No: _____

Title: _____ Surname: _____ Forename: _____

Address: _____

Phone: _____ Email: _____

2. Date your membership was cancelled (dd/mm/yy): : _____

Reason your Accredited Membership was cancelled: _____

Have you been seeing clients? Yes ☐ No ☐

Have you been in supervision? Yes ☐ No ☐

Why you wish to be re-instated: _____

I have contacted vetting@iacp.ie to apply for my Garda Vetting again (tick the box to confirm) ☐

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

Yes _____ No _____

I have completed and attached overdue documentation such as re-accreditation applications or backdated inactive membership applications:

Yes _____ No _____

3. Continuing Professional Development (CPD)

Please submit details of **at least 10 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].

CPD Activity (brief description of the activity) & number of hours:

4. CURRENT SUPERVISOR'S PERSONAL DETAILS

Name: _____

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

IACP Accredited Supervisor: Yes _____ No _____

Supervisor's Accrediting Body: _____ Membership Number: _____

Supervisor's signature: _____ Date: _____

DECLARATION OF APPLICANT

I apply for Re-Instatement of my Accredited Membership. 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 all applications are at the discretion of the Accreditation Department and Re-instatement of Accredited Membership is not guaranteed.

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.