Irish Association for Counselling and Psychotherapy

Pre-Accredited Member Application Form

Pre-Accredited Membership is available to individuals who have successfully completed an IACP Accredited Course and who are actively working towards Accreditation.

DOCUMENTATION TO BE SUBMITTED WITH THIS APPLICATION FORM:

1. *Certificate of successful completion of course.*
2. *Copy of Professional Liability Insurance.*
3. *IACP Garda Vetting Application Form (if applicable).*

Please return to IACP, First Floor, Marina House, 11-13, Clarence Street, Dun Laoghaire, Co. Dublin.
Garda Vetting Forms should be marked 'private & confidential' and addressed to the IACP Garda Vetting Officer or emailed to vetting@iacp.ie

PERSONAL DETAILS

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

Surname:_____Title:_____ Forename:_____

Address:_____

Phone:_____(Home)_____(Mobile) _____(Work)

Email:_____

Address (work): _____

COURSE DETAILS

Name of Course successfully completed: _____

Name of College: _____

Address of College:_____

Location of Course (if different from address of college):_____

Date of successful completion of course:_____

PROFESSIONAL MEMBERSHIPS

Have you ever been a member of another Counselling / Psychotherapy body? Please select as appropriate: Yes _____ / No _____

If yes, please state name of other Counselling / Psychotherapybody: _____

Membership Period: _____

ONGOING MEMBERSHIP VERIFICATION

I give my consent to IACP to share my membership status with third parties such as members of the public, employers and health insurers for the purposes of membership verification:
Yes _____ No _____

PRE-ACCREDITED MEMBERS ONLINE REGISTER ON IACP.IE

I give my consent to IACP to publish my name and Membership number on the Online Pre-accredited Members' Register on the IACP website:

Yes _____ No _____

IACP GARDA VETTING

I confirm that I have current and valid IACP Garda Vetting Yes _____

OR

I have submitted my Garda Vetting Application Form to the IACP Yes _____

Please note: IACP Garda Vetting is a requirement for IACP membership

CURRENT SUPERVISION

Name of Current Supervisor: _____

Supervisor's Professional Accredited Membership: IACP _____ IAHIP _____ BACP _____

Supervisor's Membership Number: _____ Contract start date: _____

Signed: _____ (Current Supervisor) Date: _____

PRE-ACCREDITED MEMBER INFORMATION:

Pre-Accredited Membership is available to those who have successfully completed an IACP Accredited Course and who are actively working towards Accreditation. Membership of this category does not guarantee IACP Accreditation.

A Pre-Accredited Member may use the Pre-Accredited Member IACP (exact phrase only) on documentation. They may not represent themselves as an Accredited Member and may not use the initials MIACP.

Pre-Accredited Members are required to abide by the IACP Code of Ethics and Practice and are subject to the IACP Complaints Procedure.

Pre-Accredited members will:

- Receive reductions of fees for all IACP workshops and seminars.
- Be on a selected mailing list.
- Receive copies of the IACP Journal and monthly E-News.
- Have access to appropriate areas of IACP website.

DECLARATION

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 apply for membership of IACP as a Pre-Accredited Member. 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 understand that membership of this category of Pre-Accredited Member does not guarantee IACP Accreditation. 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 Pre-Accredited Membership with the Irish Association for Counselling & Psychotherapy. Pre-Accredited Members may use the title ***Pre-Accredited Member IACP*** (exact phrase only) in documentation. They may not use *MIACP*. Pre-Accredited Members are subject to the IACP Complaints Procedure. I acknowledge that the payment does not constitute acceptance of my application for membership of IACP. I understand that IACP membership is subject to current and valid IACP Garda Vetting.

I confirm that I have read, understood and accept the terms and conditions above.

Signed:_____ Date: _____

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.