



Irish Association for Counselling and Psychotherapy

Annual Re-Accreditation Application Form for Accredited Members and Supervisors

This application form is the only required form to renew your IACP accreditation as both an Accredited Member and Supervisor to complete and return to the IACP office, unless you have been contacted separately to complete a CPD audit form.

The application should be submitted before your Accreditation renewal date.

The details supplied should cover the period from your previous Accreditation Date until the date the application is completed.

Your accreditation remains valid while your application is being processed.

Requirements for Renewal of Accreditation:

1. Valid and current Garda Vetting
2. Valid and current professional indemnity insurance
3. Supervision that meets all requirements as outlined in full on the IACP website
4. 30 hours of CPD per year for Accredited Members
5. 20 hours of CPD relating to client work and 10 hours of CPD relating to supervisee work for Accredited Supervisor Members per year
6. Current and ongoing member in good standing of the IACP, i.e. annual membership fees up to date and clearance from the IACP Complaints Committee

All Accredited Members are required to maintain an annual IACP CPD Log. Your current supervisor should read this log and view Certificates relating to the CPD activities listed on the log. The CPD section (section 4) of this application needs to list only 30 of these CPD hours. Do not send copies of Certificates of Attendance or the Log etc. with this application. However they should be kept in the event of an audit being carried out.

Incomplete applications will be returned.

Continuing Accreditation depends on a renewal application being received by the renewal date. Failure to submit by your renewal date will normally result in your accredited status being cancelled. If you do not wish to continue with your membership please notify the IACP in writing.

Please complete using CAPITAL LETTERS and return to the IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin

1. PERSONAL DETAILS

Gender: M / F Date of Birth (dd/mm/yy): _____ Renewing as: Accredited Member Accredited Member and Supervisor

Surname: _____ Title: _____ Membership No: _____

Forename: _____ Employer / Occupation: _____

Address: _____

Work Address: _____

Phone: _____ (Home) _____ (Mobile) _____

Email: _____ Work Phone No: _____

Have you ever been refused accreditation by any other professional body? Yes No

Have you ever had your accreditation withdrawn by any other professional body? Yes No

If Yes for either of the above questions please give details on a separate sheet.

2. ANNUAL RE-ACCREDITATION REQUIREMENTS

PROFESSIONAL LIABILITY INSURANCE

I confirm that I have adequate current and on-going professional indemnity insurance.

Name of Insurance Company: _____

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

(initial)

IACP CODE OF ETHICS AND PRACTICE

I confirm that I am an Accredited IACP Member and that I abide by the IACP Code of Ethics and Practice.

(initial)

GARDA VETTING

I confirm my Garda Vetting is valid and current

(initial)

3. THERAPEUTIC/SUPERVISION WORK IN LAST 12MONTHS

Explain on a separate sheet any gaps in your client work. (To be completed by both Accredited Members and Accredited Supervisors).

From (dd/mm/yy): _____ To (dd/mm/yy): _____ Total Client Hours: _____

Supervisor (Name & Accrediting Body): _____

SUPERVISION RECEIVED

1:1 Supervision Hrs: _____ Peer Supervision Hrs: (Supervisors only) _____ Group Supervision Hrs: _____ Total Supervision Hrs: _____

Ratio of Supervision Hours to Client Contact Hours and Supervised Hours (Total Client Hours divided by Total Supervision Hours) : _____

I confirm that this ratio of supervision to client contact hours has been met.

Signature of Applicant: _____ Date: _____

4. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Please submit details of the required number of hours of CPD activities that relate to *counselling /psychotherapy* and 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, personal therapy etc. [N.B. This list is not exhaustive]. (Please refer to CPD Policy for examples of CPD).

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.

Signature of Supervisor: _____ Date: _____

5. SUPERVISOR'S REPORT

To be completed by your Supervisor If you have more than one supervisor, please photocopy this page as necessary.

Name of Supervisor: _____

Supervisor Accrediting Body & Membership Number: _____

Date and period of current Supervisor Accreditation: from (dd/mm/yy): _____

to (dd/mm/yy): _____

Address: _____

Contact Phone Number: _____ Email Address: _____

Start of Supervision contract (dd/mm/yy): _____ End of Supervision contract (dd/mm/yy) or Current: _____

Number of hours of supervision with applicant in the last 12 months: Individual: _____ Group: _____ Peer (Supervision): _____

Frequency of Supervision: _____ Length of group supervision sessions: _____ Number of supervisees in group: _____ per month

Does this supervisee occupy other significant roles in your life? Yes No

If Yes please explain: _____

I recommend the renewal of the applicants IACP Accreditation: Yes No

If No please state reason: _____

Additional Comments: _____

I have read the applicant's application form which, to the best of my knowledge, is correct.

Signature of Supervisor: _____ Date: _____

6. DECLARATION OF APPLICANT

I apply for the Renewal 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.

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.