



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](http://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](mailto:Accreditation@iacp.ie).

**1. PERSONAL DETAILS**

Gender: M / F 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: \_\_\_\_\_

**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 confirm I have applied for IACP Garda Vetting

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 ( <i>brief description of the activity</i> ):	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.