



Irish Association for Counselling and Psychotherapy

Re-Instatement of Accreditation Application Form – less than 2 months

Please fill up this form if your membership was cancelled for less than 2 months. The applicant needs to contact vetting@iacp.ie to redo their Garda Vetting. 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 reviewed by the Accreditation Committee.

1. Personal details

Gender: M / F 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: _____

Why you wish to be re-instated: _____

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: _____