



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.

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: _____

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)

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:

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: _____