



Irish Association for Counselling and Psychotherapy

Volunteering with IACP Regional Committees Application Form

Thank you for your interest in volunteering with IACP. This Application will be sent to the relevant Regional Committee for consideration.
Please complete this form using CAPITAL LETTERS and return your completed application form to Liz Gannon, IACP, First Floor, Marina House, 11-13, Clarence Street, Dun Laoghaire, Co. Dublin or email: Liz Gannon at liz@iacp.ie

IACP Privacy Statement
The Irish Association for Counselling and Psychotherapy (we' or 'us' or 'our') 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.

1. PERSONAL DETAILS
Surname: _____ Email: _____
Forename: _____ Phone: (please indicate preference for contact)
Address: _____ (Home)
_____ (Home)
_____ (Work)

2. IACP MEMBERSHIP
Category of Membership (please tick one): Accredited Pre-Accredited Student
If Accredited, please include date of First-time Accreditation with the IACP: _____

3. VOLUNTEERING WITH IACP
Committee you wish to volunteer on? _____

Please tick the box if you were you elected at a Regional AGM

Reason for interest / wanting to serve on this committee

4. DECLARATION
I apply as a volunteer with IACP Regional Committee. 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.
Signed: _____ 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.