



Application form for Accredited Membership as a Counsellor of APCP

General Information

Membership of APCP

APCP is a professional association for dedicated professional Counsellors and Psychotherapists in Ireland and is committed to the on-going development and improvement of the standards of practice of its members and of the fields of counselling and psychotherapy.

It also works collaboratively with other relevant agencies and bodies in collegial respect to advance the rights of individual clients and wider society and the advancement of best practice.

It supports Counsellors and Psychotherapists in their professional practice through its series of continuous professional development programmes, its code of ethics and its commitment to ensuring compliance with these standards by its members in their service to the public.

Individuals are invited to join APCP as they progress in their career in the fields of counselling and/or psychotherapy as:

1. Student Members.
2. Pre-accredited Members (either Counselling or Psychotherapy).
3. Accredited Members (either Counselling or Psychotherapy).
4. Clinical Supervisors

The Association also welcomes the participation of Affiliate Members, be these individuals, corporate bodies or community and voluntary groups, within the Island of Ireland who, wish to have a more active interface with APCP and, have a general and/or professional interest in the field of Counselling/Psychotherapy.

This **application form** is solely for those seeking membership at an **accredited level** as a recognised **Counsellor** of APCP.

Criteria for APCP membership at as an Accredited Counsellor

Accredited Membership as a Counsellor is for those who successfully completed a degree or post graduate programme in counselling and/or psychotherapy and who have undertaken the necessary practice and supervision required to meet the APCP criteria for full accreditation. Members can be accredited as counselors, based on their experience and level of education within the field of counseling and psychotherapy e.g., Counsellors are required to have obtained a minimum BA qualification, **level 7** (or equivalent degree on the National Framework of Qualifications (NFQA) in counselling and must demonstrate engagement in practice of **450 hours practice and a minimum of 57 hours of supervision**.

In the application process you will be required to provide evidence and information to verify that your experience matches the standards set by APCP in its endeavor to provide a quality and recognised standard of service to the public. You are also required to provide a record of clinical practice and references to support your application.

Applications must be typed and posted to APCP, as you must sign the application form and also enclose

1. **Proof of qualifications** (i.e. a verified transcript of training from the relevant third level college).

Note: if you are currently a pre-accredited member of APCP you do not need to send these in a second time, unless you have taken further academic studies in the field of counselling or psychotherapy and you wish to notify us of same.

2. **Record of clinical practice undertaken as a pre-accredited counsellor** (see counsellors log sheets ,available to download from website or email info@apcp.ie)
3. **Proof of supervision** (this must be signed by your supervisor/s, to verify you are pursuing or have obtained the necessary hours practice required to work in the field of counselling and/or psychotherapy.
4. **€40 cheque/postal order** made payment to APCP as an application processing fee. This fee is solely to cover costs of processing/screening your application. It does not infer acceptance of membership. Please see www.apcp.ie for more details

Please note it is the policy of APCP to interview potential candidates, where clarity is sought regarding their application for membership.

APCP's accreditation committee meets on a quarterly basis. It is your responsibility to ensure that all information requested is complete prior to the application being considered by them.



Association of Professional
Counsellors and Psychotherapists
Ireland

The Association of Professional Counsellors and Psychotherapists, Ireland

2015 Accredited Application Form for Counsellors

Section One

1.1 If you are a current pre -accredited member of APCP, please provide membership number.

APCP member number _____

Date of Registration as a pre- accredited member. _____

1.2 If you are not a pre-accredited member of APCP, and are seeking to have clinical practice hours, post graduation recognised in this application, please provide the following information.

Name of Counselling/Psychotherapy Association you were registered with during this period

Or

Organisation/s where clinical practice was undertaken.

Post Clinical practice was undertaken with _____ from _____ to _____
Name of Association/Organisation month/year month/year

Please note: APCP will not count any clinical practice hours undertaken in private practice **post graduation** without proof of registration with a national counselling body **or** alternatively proof that you have worked within an organisation where clinical supervision formed part of your work practice.

1.3 Details of Insurance Policy for pre-accredited period.

Name _____

Address _____

Telephone No _____

Email _____

Type of Insurance cover _____

Section Two

2.1 Your Personal Details

First Name _____

Surname _____

Date of Birth (d/m/y) _____

Are there any other names that you are currently known by? _____

Any former/Maiden names _____

Contact Details

Daytime Tel _____ Mobile _____

Email Address _____

Home Address _____

Website _____

Section Two (cont)

2.2 Your Personal History and engagement in Professional Practice

Information given below will not necessarily exclude you from APCP membership.

Should you answer YES to any of the questions below, please use a separate sheet if necessary.

- 1 Do you currently have or have you ever been a member of any other professional counselling/psychology body?**

Yes _____ No _____

If your answer is yes, please state which body and provide reasons for why you wish to join APCP as a member.

- 2 Do you have any criminal or civil convictions (spent or unspent) or proceedings pending against you?**

Yes _____ No _____

If your answer is yes, please give details, on a separate sheet.

- 3 Do you have any professional complaint or disciplinary proceeding brought against you which was successful or is currently pending?**

Yes _____ No _____

If yes, please give details.

- 4 Have you ever been or are you currently barred from working with young people?**

Yes _____ No _____

If yes please provide details

2.3 Insurance

Please provide the name and contact details of your (or your organisations) current insurance provider/broker

Name _____

Address _____

Telephone No _____

Provider of Insurance Cover _____

Type of Insurance Cover _____

Amount of cover _____

Please provide a copy of current insurance certificate with your application

Section Three

Training Qualifications

Note: Section 3 must be filled by all NEW applicants to APCP and a verified transcript of training from the relevant third level college attached. Current APCP pre-accredited members may move on to section 4 unless you have gained an additional qualification at level 7 or above within the National Framework of Qualifications.

3.1 Third level Qualifications in Counselling/Psychotherapy

Course Title		
Name of Third Level Institute		
Dates of Training	From	To
Date of successful completion		
Level, and grade		
Full -time or Part- time		
Please indicate if the training programme focused on a specific modality, e.g. CBT, Gestalt etc.		

Third level Qualifications in Counselling/Psychotherapy (contd. /)

Course Title		
Name of Third Level Institute		
Dates of Training	From	To
Date of successful completion		
Level, and grade		
Full -time or Part- time		

Please indicate if the training programme focused on a specific modality, e.g. CBT, Gestalt etc.	
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3.2 Other third level qualifications

Course Title		
Name of Third Level Institute		
Dates of Training	From	To
Date of successful completion		
Level, and grade		
Full -time or Part- time		

Other third level qualifications (cont)

Course Title		
Name of Third Level Institute		
Dates of Training	From	To
Date of successful completion		
Level, and grade		
Full -time or Part- time		

3.3 Evidence of Training

(Please note that your qualifications must be recognised within the National Framework of Qualifications for consideration. All other training programmes undertaken in counselling will be considered within the context of Continued Professional Development and should not be forwarded with this application.)

I have attached a verified transcript of all third level training, noted above in this section.

(please tick) Yes ___ No ___

Section 4

Record of Supervision

Note: Section 4.1, 4.2 and 4.3 must be filled by NEW applicants seeking accreditation with APCP. While CURRENT members of APCP recognised as pre-accredited counsellors need to complete Section 4.2. and 4.3 only.

4.1.1 Student record

Please indicate an estimate of the type of counselling/psychotherapy practice and the number of hours you engaged in practice in your academic programme and also list the name/s of counselling/psychotherapy supervisors who supported you in this work during your academic studies.

Note: APCP requires 1 hour supervision to 5 hours clinical practice for Students.

Type of counselling/psychotherapy interventions	Estimated number of hours you engaged in counselling practice
One to one work with clients	
Therapeutic group work	
Psycho-social educational support work	
Other (please specify)	

4.1.2 Student Supervision

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Name of supervisor/s in counselling/psychotherapy practice during this period

1. _____ Accreditation Body _____

2. _____ Accreditation Body _____

3. _____ Accreditation Body _____

4.2 Current/Post Graduate Supervision

Name of current Supervisor _____

Qualifications _____

Accrediting Body _____

Please Note: Your Supervisor will ideally hold a counselling/psychotherapy qualification at level 8 or above and be registered as an accredited counsellor or psychotherapist for a minimum of three years either with APCP or another recognised Professional Association.

They are required to provide information as noted in Supervisors Reference – See Section 5.2 of this Application Form for further details.

4.3 Summary Record of Clinical Practice Post graduation

Note: applicants seeking to be recognised as accredited counsellors must demonstrate an engagement in practice of 450 hours practice and a minimum of 57 hours of supervision.

For purposes of accreditation an applicant needs to provide a record of their clinical practice and the type of interventions they have engaged in. The number of hour’s supervision undertaken must also be noted in the table below, since graduation in the field of counselling and psychotherapy. This summary should tally with your clinical practice record to be forwarded with this application. (See **APCP - Record of Clinical Practice for Accreditation – Counsellors and Psychotherapists –**)

- Please note:**
- i) One to one client work must account for a minimum of 75% of total clinical practice hours.
 - ii) Clinical practice hours should be reviewed in individual supervision at a ratio of 1:8, while group supervision should comprise of a maximum of 4-6 people at a ratio of 1:5.

Type of Counselling/Psychotherapy interventions	Total no of hours	Name of supervisor/s	No. of hours in supervision
One to one work with clients			
Therapeutic group work			
Psycho-social educational group work			
Total number of hours engaged in Counselling/Psychotherapy with clients			
Total number of hours in Supervision			

4.4. Approach to Counselling

Please provide a short summary of the type and range of interventions undertaken in your clinical practice AND include a short description of the underpinning theoretical modalities you have used.

Where more than one supervisor has supported you in your practice please ensure that signed evidence of hours undertaken is provided.. This evidence is also noted and signed by your current supervisor, in support of your application. Details of supervisor/s qualifications and the counselling /psychotherapy association they are currently a member must be provided.

Section 5

References

When seeking membership as an accredited counsellor you must provide **two** references i.e.

1. A professional reference, (see appendix 1).
2. Reference from your current supervisor, (see section 5.2).

Please note: References should not be provided by a spouse, partner or relative.

5.1 Professional Reference

A professional reference is required from a person who is able to vouch for you and your suitability to join ACP, in order to work with people through a process of counselling and/or psychotherapy. Ideally this is someone who knows you in a **work situation**

Referees Name _____

Profession & Job Title _____

Work Contact Number _____

Please ensure that your professional reference is forwarded to ACP directly by your nominated referee using the template provided as noted in appendix 1 of this application.

5.2 Supervisors Reference

5.2.1 Supervisors Personal Details

Name of Supervisor _____

Supervisor's Professional Membership Body _____

Supervisor's Qualification(s) _____

Business/home address _____

Telephone No _____

Email address _____

Note: Supervisors are required, in their professional capacity to verify that the applicant has undertaken the necessary hours in supervision, as noted in section 4.3. above and in the applicants *APCP - Record of Clinical Practice Counsellors log sheets* which accompanies this application form.

The supervisor is also required to verify the suitability of the applicant for accreditation purposes and provide information on the applicant's experience.

In the event that the applicant is working with more than one supervisor, the supervisor providing the one to one support is required to determine suitability of the applicant for accreditation purposes.

5.2.2 Supervisors Reference for Applicant.

1. How long have you been supervising the applicant as a trainee supervisor, and in what capacity?
2. What are the particular qualities this applicant brings to the field of counselling?
3. How would you describe their experience in terms of interventions used and the modality they operate from

5.2.3 Supervisor declaration

I have read and understand the requirements of membership of APCP as an accredited counsellor and **recommend** the applicant as a suitable candidate for membership of APCP at this level. I also confirm that all information enclosed, is to the best of my knowledge accurate.

Supervisors signature _____ Date _____

As a supervisor I am a registered member of APCP Yes _____ No _____

I hold the following counselling/psychotherapy qualification _____ at Level _____

Please note: As the applicant's main supervisor, if you are **not** a registered member of APCP, please attach the following: -

- i) evidence of the Association you belong to and
- ii) a transcript of your counselling qualifications.

Section 6

Applicant's declaration and signature

Note: This section must be filled in and signed by all applicants.

(Please tick that you have read and agree with each of the following statements)

_____ I have read and agree to abide by APCP's Code of Ethics and Practice for Counsellors and Psychotherapists

_____ I understand and agree, as a member of APCP to comply with current Garda Vetting procedures.

_____ I accept that as a member of APCP I must undergo Garda vetting every 3 years and in the event and for any reason, criminal proceedings are taken against me, **after** Garda vetting has been completed I will personally bring this to the attention of APCP.

_____ I confirm that all information provided in this form is true and accurate to the best of my belief.

_____ I understand that by forwarding an application to APCP for membership does not constitute acceptance as a member.

_____ I understand and accept that APCP may wish to share information about me with other regulatory bodies for the purpose of regulation and in the interest of the public.

_____ I accept that APCP has the right to make direct contact with my referee or supervisor in processing this application.

I understand that, should I be accepted as a member of APCP I am required to engage in a minimum of 30 hours professional development training (CDP) as a pre-accredited or accredited counsellor of APCP and, this requires my attendance at a minimum of two APCP training days/events per annum for which relevant fees are payable.

Applicants signature _____ Date: _____

Professional Reference

Please note: Professional references should not be provided by a spouse, partner or relative.

In providing a professional reference for the applicant, you are asked to vouch for their character, work practices and suitability to work in the field of counselling/psychotherapy. In this regard it is expected that you have known the applicant for a minimum of two years, preferably in a professional capacity.

Personal Details on Applicant

Applicants Name	
Business/home address	
Telephone No	
Email Address	

Your name as a professional referee	
Business/home address	
Telephone No	
Email Address	

Please answer the following questions:

1. In what capacity do you know the applicant?

2. How long have you known the applicant?

3. What do you believe are the particular strengths/ qualities this applicant brings to the field of counselling/psychotherapy?

4. Do you recommend this applicant as a suitable candidate to work with clients.

Signed _____

Referee

Date

Please forward to:

**APCP, Association of Professional Counsellors & Psychotherapists in Ireland, Unit 4 Innovation Works,
National Technology Park, Limerick.**

