



Application form for Accredited Membership as a Psychotherapist 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 the fields of counselling and psychotherapy and of its members.

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, and is committed to assuring quality through requiring members to adhere to its code of ethics. Its commitment to ensuring compliance with these standards by its members is also part of its commitment 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. See application form for processing charge.

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 **Psychotherapist** with APCP.

These guidelines conform to the general principles set down by the European Association of Psychotherapy (see the *ECP Official document. Version 5.0. voted at AGM Valencia, July 2012*); namely that there will have been;

a). A general part of university or professional training undertaken as well as a part which is specific to psychotherapy. The total duration of training will not be less than 3200 hours, spread over a minimum of seven years, with the first three years being the equivalent of a relevant Level 8 degree. The later four years of which must be in a training specific to psychotherapy, comprising 1400 hours minimum at Masters (Level 9) standard.

University or professional courses leading to a first University degree or its equivalent professional qualification in subjects relevant to psychotherapy may be allowed as a part of, or the whole of, the general part of psychotherapy theory, **BUT CANNOT CONTRIBUTE TOWARDS THE 4 YEARS OF SPECIFIC PSYCHOTHERAPY TRAINING.**

APPLICANTS FOR ACCREDITED PSYCHOTHERAPY MEMBERSHIP OF APCP WILL:

1. Normally hold a first degree of at least three years duration at **Level 8** (honours degree) on the National Framework of Qualifications or equivalent at a minimum of a Second Class Grade 2 honours level in a relevant area of human sciences, which would include such areas as counselling, medicine, psychology, mental health nursing, social sciences, education, etc. or equivalent.

And

2. **Have successfully completed an additional 4 year period of training which will include:**

2.1 THEORETICAL STUDY SPECIFIC TO PSYCHOTHERAPY (AT MASTERS LEVEL) COVERING THE FOLLOWING ELEMENTS.

- a. Theories of human development throughout the life-cycle
- b. An understanding of other psychotherapeutic approaches
- c. A theory of change
- d. An understanding of social and cultural issues in relation to psychotherapy
- e. Theories of psychopathology
- f. Theories of assessment and intervention

Please note the following: *Completion of a Masters Programme of Education may form part of the overall 4 year training at or beyond Level 9 or may comprise the entire training.*

2.2 PERSONAL PSYCHOTHERAPEUTIC EXPERIENCE OR EQUIVALENT

Evidence of having completed not less than 250 hours of Personal Psychotherapeutic Experience, or equivalent.

This should be taken to include training analysis, self-experience, and other methods involving elements of self-reflection, therapy, and personal experience. It is accepted that no single term is agreed by all psychotherapy methods.

2.3 EVIDENCE OF APPROPRIATE PRACTICAL TRAINING:

- a. This will include sufficient practice under continuous supervision appropriate to the psychotherapeutic modality and will be at least two years in duration.
- b. Placement in a mental health setting, or equivalent professional experience.
- c. The placement must provide adequate experience of psycho-social crisis and of collaboration with other specialists in the mental health field.

2.4 CLINICAL SUPERVISION

Evidence to verify that within the 4 - year period, applicants for accredited psychotherapist membership have engaged in a minimum of 600 hours/sessions supervised clinical practice with clients/patients with a ratio of 1:8 hours of supervision to practice.

And

Have completed 150 hours of supervision with a clinical supervisor.

Please note the following

i) Completion of a Masters Programme of Education may form part of the overall 4 year training at or beyond Level 9 or may comprise the entire training.

ii) psychotherapists who work with those in training or on an academic programme in a supervisory or teaching capacity should, in general be themselves educated to or beyond masters level and are appropriately professionally experienced within the modality concerned

The Application Process

In the application process APCP, in its endeavor to provide a quality and recognised standard of service to the public require that you provide evidence and information to verify that your experience matches the standards set by APCP as noted above. 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 since training as a psychotherapist commenced**(see appendix 1)
3. **Proof of supervision** (this must be signed by your supervisor/s, to verify you have obtained the necessary hours practice required to work in the field of 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 Psychotherapists

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. _____

Place and date of commencement of training as a psychotherapist _____

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

Name of Counselling/Psychotherapy Association you were registered with.

Or

Organisation/s where clinical practice was undertaken.

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 at Masters Level** without proof of registration with a national professional 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 enclose a copy of current insurance certificate with application

Section Three

Training Qualifications

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

3.1 Third level Qualifications in 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 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.	
--	--

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 academic qualifications must be recognised at both Level 8 and Level 9 the National Framework of Qualifications for consideration. All other training programmes undertaken will be considered on an individual basis.

I have attached a verified transcript of all relevant training.

(please tick) Yes ___ No ___

Section 4

Record of Clinical Practice and Supervision

Note: applicants seeking to be recognised as accredited psychotherapist must demonstrate an engagement in practice of 600 hours/sessions supervised clinical practice with clients/patients over a 4 year period, and will include all work undertaken while in training at Level 9. A minimum of 150 hours of supervision must also be recorded.

Summaries provided below should tally with your 'record of clinical practice accreditation for psychotherapists log sheet which must accompany this application form.

4.1 Modality of Practice

Please indicate an estimate of the modality of practice and the number of hours you engaged in this practice since commencement of Training at Level 9.

Modality of psychotherapy	Estimated number of hours you engaged in psychotherapeutic practice
Humanistic/Integrative	
CBT	
Systemic/Family therapy	

Psychoanalytic/psychodynamic	
Other (please specify)	

4.2. Type of Interventions

Nature of Client base	Total no of hours	Name of supervisor/s	No. of hours in supervision
One to one work with clients			
Systemic/Family Work			
Couples Work			
Therapeutic group work			
Other			

Note: Clinical practice hours should be reviewed in individual supervision at a ratio of 1:8, while group work supervision should comprise of a maximum of 4-6 people at a ratio of 1:5.

4.3 Summary Record of Clinical Practice undertaken over four year training period

Summary of Clinical and Supervisory Practice				
From _____ To _____				
Year (4 year training period applies here)	20____	20____	20____	20____
Total No of hours undertaken with clients in psychotherapy practice				
Total No of hours in Clinical Supervision				

4.4 Practice Supervision

Name of supervisor/s in psychotherapy practice during this period

1. _____ Accreditation Body _____

2. _____ Accreditation Body _____

3. _____ Accreditation Body _____

4. _____ Accreditation Body _____

Please Note:

- Your Supervisor will ideally hold a counselling/psychotherapy qualification at level 9 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.

Please ensure that you and your supervisor/ s provide signed evidence of hours undertaken in the 'record of clinical practice for accreditation - psychotherapists' that must accompany this form. Details of supervisor/s qualifications and the psychotherapy association they are currently a member of must also be provided in the event they are not accredited by APCP.

Section 5

References

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

1. A professional reference, (see appendix 2).
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 2 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.** above and in the applicants '**APCP - Record of Clinical Practice for Accreditation – Psychotherapists' (appendix 1)** 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, references maybe sought from some or all of the supervisors who provided support across the four year period.

In all cases references and reports should be provided by your current supervisor.

5.2.2 Supervisors Reference for Applicant.

1. How long have you been supervising the applicant as a trainee psychotherapist, and in what capacity?

2. What are the particular qualities this applicant brings to the field of psychotherapy?

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 psychotherapist 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 psychotherapy qualification at Level 9 on the NFQ or equivalent

Award Title _____

Course Title _____

Awarding Body (e.g., QQI, University etc) _____

Please note: As the applicant's training 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 psychotherapy 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 understand and agree, as a member of APCP, that I will comply with the organisations current vetting procedures with the National Vetting Bureau of the Garda Siochana and understand that I will be 're-vetted' every three years. In the event that criminal proceedings are taken against me in the interim period, 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 50 hours professional development training (CDP) per year as a pre-accredited or accredited psychotherapist 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.**