# Application form for Pre-Accredited Membership as a Counsellor of APCP

## General Information for all APCP Membership levels

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 they 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 for **Pre-Accredited Membership of APCP as a Counsellor.** You may apply within this category once you have satisfactorily completed a relevant level 7 QQI validated course in counselling or related discipline. Please read attached for further details:

**Criteria for APCP membership at Pre-Accredited Counsellor**

**Pre-accredited** **Membership** is for those who have successfully completed a degree or post graduate programme in counselling and/or psychotherapy, who intend to practice in the field and are actively engaged in, or are working towards attaining the necessary work practice in order to meet the APCP criteria for full accreditation.

Applicants may seek pre-accredited status as a counsellor, having obtained a minimum BA qualification (level 7), or equivalent degree on the National Framework of Qualifications (NFQA) in counselling and will be working towards the completion of the additional criteria for Accredited Membership in the counselling profession, which includes evidence of engagement in clinical practice of **450 hours and 57 hours supervision**.

**It is expected that pre-accredited counsellor members will have the required 450 post graduate hours completed within 24 months of pre-accredited membership with APCP.**

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 endeavour to provide a quality and recognised standard of service to the public.

**Your application will not progress without all the requested information being presented and will be returned to you. You will be required to submit again together with a further processing fee.**

**Please read all the requirements and indicate and sign below in order for your application to be accepted by APCP. Application are accepted by email to** **info@apcp.ie** **or by post:**

**Completed and signed application form –** ensure it is the correct and current form.

**Transcripts of your relevant degree,** Proof of qualifications (i.e. a verified transcript of training from the relevant third level college)

**Supervisor Details for each level you have reached**

L7 Supervisor

L8 Supervisor\* (see note below)

**L9 Supervisor**

Details regarding the supervisor you intend to work with while you are pursing the necessary hours of practice required to work in the field of counselling (this must be signed by your supervisor/s, to verify you are pursuing the necessary hours practice required to work in the field of counselling).

**\*NOTE:** If you are continuing your studies from level 7 to level 8 you do not have to change supervisor unless you choose to do so. However, you should not complete more than 100 hours at L8 without having changed supervisor. If you decide to change supervisors from level 7 into level 8 then we will require standard information regarding your new supervisor, their qualifications and experience. If your supervisor is an APCP accredited supervisor and is still currently active and registered on our database, we do not require their qualifications etc.

 In the event that you choose to work with a supervisor who is not an accredited member of APCP you must also enclose evidence of their qualifications in counselling/psychotherapy. Ideally these qualifications should at a minimum be a HETAC/QQI qualification at level 8 in counselling and psychotherapy.

**References** You are required to provide **two** references to support your application, one of these should ideally cover work experience undertaken as part of your course programme.

**Current Insurance Certificate**

**€40** payment to APCP as an application processing fee. This can be paid online via Easypay link on [www.apcp.ie](http://www.apcp.ie). This fee is solely to cover costs of processing/screening your application. It does not infer acceptance of membership. Please see [www.apcp.ie](http://www.apcp.ie) for more details

**By ticking and signing this checklist your application can commence its review. Further processing will not continue, and your application will be returned to you for re-submission if not completed to the standard required. This will delay your application and a further processing fee in some cases.**

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

## APCP’s accreditation committee meets on a quarterly basis. Per dates published on www.apcp.ie/events

**Signed by candidate to indicate all above is included:**

 **Date:**

**Applicant**

# Section One

***If you are a current student member of APCP, please provide membership number.***

APCP student member number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the year you graduated with a degree in counselling & psychotherapy. \_\_\_\_\_\_\_\_\_\_\_

If there is any significant gap e.g. more than one year between the award of your degree and your application for membership at a pre-accredited level to APCP, or another counselling association, please state your reasons for same in the box below. Please note hours in this period will not count for accreditation purposes without pre-accreditation membership of a professional body.

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|  |

# 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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***.**

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

 **Yes No**

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

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

 **Yes No**

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

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

 **Yes No**

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

**­2.3 Insurance**

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

**Insurance Company Name**

**Policy No:**

**Expiry Date:**

**Type of Insurance cover**

**Amount of cover**

**Please provide a copy of current insurance certificate with your application**

# Section Three

 **Your training qualifications**

**3.1 Third level Qualifications in Counselling/Psychotherapy**

Most Recent relevant Education undertaken, first:

|  |  |
| --- | --- |
| Course Title |  |
| Third Level Institute |  |
| Dates of Training | From | To |
| Date of successful completion |  |
| Level, and grade |  |

* **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 |  |

**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 |  |

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| --- |
| **3.3 Evidence of Training**(Please note that your qualifications must be recognised within the National Framework of Qualifications for consideration. For degrees obtained outside of Ireland their equivalency must be verified on the QQI for further information please consult with [www.qqq.ie](http://www.qqq.ie) 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.) |

# Section 4

**Record of Supervision**

**4.1 Student record**

**L7 if applicable:** Please indicate an estimate of the type of counselling practice and the number of hours you engaged in practice in your academic programme and also list the name/s of counselling supervisors who supported you in this work during your academic studies. Note a minimum of 100 hours required:

|  |  |
| --- | --- |
| Type of counselling interventions | Estimated number of hours you engaged in counselling practice |
| A: One to one work with clients (Min 75%) of practice. All hours must be signed off by your Clinical supervisor. |  |
| If you chose 75% 1:1 then 25% can be made up of an accumulation of B and/or C. |
| B: Therapeutic group work |  |
| C. Psychotherapeutic work |  |

**L8 if applicable:** Please indicate an estimate of the type of counselling practice and the number of hours you engaged in practice in your academic programme and also list the name/s of counselling supervisors who supported you in this work during your academic studies. Note a minimum of 100 hours required:

|  |  |
| --- | --- |
| Type of counselling interventions | Estimated number of hours you engaged in counselling practice |
| A: One to one work with clients (Min 75%) of practice. All hours must be signed off by your Clinical supervisor. |  |
| If you chose 75% 1:1 then 25% can be made up of an accumulation of B and/or C. |
| B: Therapeutic group work |  |

**4.2. Student Supervision**

|  |
| --- |
| Name of supervisor/s in counselling/psychotherapy practice during this period1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**4.3 Current/proposed Supervisor**

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| --- |
| (**Please note that applicants seeking pre-accredited status, ideally would change supervisor from study period to training but if you are continuing on to L8 you can change post L8 or after completing max 100 hours in L8. See notes for best practice on supervision.****Pre-accreditation supervision ratio is 1:8)**Name of current/proposed Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Accrediting Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_It is recommended that Supervisors be registered with APCP; they will ideally hold a counselling/psychotherapy qualification at HETAC/QQI, level 8 or above and be registered as an accredited counsellor/psychotherapist for a minimum of three years. In the event that you choose a Supervisor registered with a different Counselling/Psychotherapy Association, you are required to ensure the following information regarding your supervisor is forwarded with this application. 1. A copy of your Supervisors’ Counselling/Psychotherapy qualifications.
2. A copy of their current certificate of registration with their Counselling/Psychotherapy Association.
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* 1. **Current/Proposed Supervisor’s Declaration**

|  |
| --- |
| **Current/proposed Supervisor**This Declaration must be signed by the Supervisor named above to verify that they have agreed to work with the proposed applicant to support them in their work at a pre-accredited levelI have read the criteria for APCP membership, their code of ethics and professional conduct and have agreed to accept \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for purposes of supervision. A**pplicant**I also confirm that all information forwarded in this application form, is to the best of my knowledge accurate. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor**  |

**Section 5**

**References**

When seeking membership of APCP you are required as a **pre-accredited counsellor** to forward two references

1. a professional reference and
2. a reference from either your College of study or from an organisation you have worked with as a trainee.
	1. **Professional Reference**

A professional reference is required from a person who is able to vouch for you and your suitability to join APCP, 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**; however, in the event that you are currently unemployed or recently graduated, this reference can be obtained from a professional e.g. a lecturer in your College, A Justice of the Peace, a member of the Garda, a teacher, doctor or a solicitor.

Referees Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession & Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Work Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please ensure that a professional reference is forwarded to APCP directly by your nominated referee, can be emailed directly to** **info@apcp.ie** **–(Subject: Reference for applicant)**

* 1. **Reference regarding your work as a trainee counsellor**

(E.g. your former college/university or from an organisation you have worked with as a trainee counsellor)

Referees Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession & Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

In what capacity has the named person supported your clinical practice?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please ensure that a reference related to your work experience is forwarded to APCP directly by your nominated referee**

**Section 6**

**Applicant’s declaration and signature**

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, that I will comply with the organisations current vetting procedures with the National Vetting Unit of An Garda Siochana and I 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 safety.

 I accept that APCP has the right to make direct contact with my referees/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 (CPD) as a pre- accredited counsellor of APCP and that this requires my attendance at a **minimum** of **one** APCP training days/events per annum for which relevant fees are payable.

**Applicants signature Date:**