## 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 form is for **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 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. 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.

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

L9 Supervisor

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.

**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 is possible.**

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

**Date:**

**Applicant**

*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.

# 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**
* **Organisation/s where clinical practice was undertaken, if applicable**
* **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, alternatively proof that you have worked within an organisation where clinical practice supervision and not managerial supervision formed part of your work practice.

**1.3 Details of Insurance Policy for Pre-Accredited Period.**

**Insurance Company Name**

**Policy No:**

**Expiry Date:**

**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***.**

**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

**Training Qualifications**

***Note: Section 3 must be filled by all applicants to APCP and a verified transcript of training from the relevant third level college attached. Current APCP pre-accredited members must also complete this section.***

**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 |  | |
| 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 |  | |

Other third level qualifications (cont)

|  |  |  |
| --- | --- | --- |
| Course Title |  | |
| Name of Third Level Institute |  | |
| Dates of Training | From | To |
| Date of successful completion |  | |
| Level, and grade |  | |
| **3.3 Evidence of Training**  (Please note that your qualifications must be recognised within the National Framework of Qualifications for consideration. International qualifications should be checked against the QQI NARIC Recognition of a Foreign qualification qqi.ie/international-visitors/. 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* ***ALL*** *applicants seeking accreditation with APCP.*

**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. Please forward evidence of student supervision via a copy of the log.

|  |  |
| --- | --- |
| Type of counselling/psychotherapy interventions | Estimated number of hours you engaged in counselling practice |
| L7 Hours |  |
| If application L8 Hours |  |
| One to one work with clients |  |
| Therapeutic group work |  |
| Psycho-social educational support work |  |
| Other (please specify) |  |

**4.1.2 Student Supervision**

|  |
| --- |
| Name of supervisor/s in counselling/psychotherapy practice during this period. Only when you were actively a student.   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4.2 Current/Post Graduate Supervision**

|  |
| --- |
| Name of current Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinical Supervisor Qualifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Accrediting Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***They are required to provide information as noted in Supervisors Reference – See Section 5.2 of this Application From 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 (Ind.Sup) at a ratio of 1:8, while group supervision (Grp.Sup) 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 | No. of hours in supervision |
| One to one work with clients |  |  | Ind. Sup | Grp Sup |
| Therapeutic group work |  |  | XXXXXXXXX |  |
| 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 Section 5.1 and 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.***

* 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**

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

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

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

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

* 1. **Supervisors Reference**

**Supervisors Personal Details**

Name of Supervisor

Supervisor’s Professional Membership Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical 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.*

**5.2.1 Supervisors Reference for Applicant.**

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

**5.2.2 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: -

1. Evidence of the Association you belong to and
2. Transcript of your counselling qualifications.

## 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:**

**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? |
|  |

|  |
| --- |
| 1. How long have you known the applicant? |

|  |
| --- |
| 1. What do you believe are the particular strengths/ qualities this applicant brings to the field of counselling/psychotherapy? |

|  |
| --- |
| 1. Do you recommend this applicant as a suitable candidate to work with clients. |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referee Date

**Please forward by email to** [**info@apcp.ie**](mailto:info@apcp.ie) **or via post to:**

**APCP, Association of Professional Counsellors & Psychotherapists in Ireland, Unit 4 Innovation Works,**

**National Technology Park, Limerick.**