***Renewal of Membership application Form***

***This form must scanned and returned as a pdf via email to*** ***chris.garry@apcp.ie***

***Applications will not be reviewed without supporting documentation.***

**General Information**

All APCP members are required to renew their membership of the Association on an annual basis. For administrative purposes this occurs in **January**.

New members since 31st October 2022, do not need to submit this renewal form. However, if your membership subscription is due please go to Easypay and process the 2023 membership. Some new members pay in advance so if you have chosen this option you do not need to do anything at this time.

Please note ‘Renewal of Membership’ must be completed and returned prior to the close of business on the 31st January 2023. Wherethe membership fee is paid, but no renewal form is received members will be considered ‘in-active members’ within the association’ in-active members may not engage in clinical practice as APCP members. To re-activate membership there is a re-activation fee of €100 plus the €200 (if not paid).

In the event membership has lapsed for a period over six months membership of APCP automatically ceases, and can only be renewed based on a new application form, together with a Garda vetting form, which will need to be approved by the appraisal committee.

Where a member has not engaged in CPD provided by APCP in 2022, it is important to note this in Section 2.1., of the application form, by writing in NON-ATTENDANCE 2022.

**Continued Professional Development**

**APCP demands the highest standards from its members in the interests of the public, clients and their families. It draws its accredited membership standards from best international practice in the fields of Counselling and Psychotherapy and for professional accredited membership status it draws distinctions between Accredited Counsellors and Accredited Psychotherapists. This is reflected in the CPD requirements among practitioners in both fields in any given year e.g.**

**Pre Accredited & Accredited Counsellors - 30 hours CPD**

**Pre Accredited & Accredited Psychotherapists - 50 hours CPD**

CPD may be demonstrated utilising a range of activities, but an indicative list would include the following typologies of CPD:

1. Engagement in advanced or additional professional practice programmes which can be validated independently.
2. Certified Attendances at professional/ academic/research conferences relevant to Counselling/Psychotherapy.
3. Contribution to Professional developmental/monitoring activities in counselling or psychotherapy as relevant. This might include attendance at meetings of professional bodies, serving as an officer on a professional body etc and should be verified independently

This range of activities is consistent with the typologies of professional activity and CPD as identified by the EAP.

As part of CPD, **APCP** **Members are required to attend a minimum of One professional activity organized by APCP on an annual basis,** Other training, workshops, short courses, conferences, placements etc. must also be recorded in the attached renewal form and evidence of your attendance, for example, certificates, placement records, agendas, minutes attached. Please ensure copies, not originals are forwarded and label the document/s for easy reference, for example write 2 to indicate section 2 at top of each page, followed by a letter 2 a, 2 b, etc.

**Notes regarding Supervision**

APCP recognises that counselling/psychotherapy supervision provides supervisees with the opportunity, on a regular basis, to discuss and monitor their work with clients. It is primarily intended to ensure that the needs of the clients are being addressed, and to enhance the effectiveness of the therapeutic interventions. Supervision may contain some elements of training or personal development, but is not primarily intended for these purposes and appropriate management of these issues will need to be addressed. It is a formal collaborative process intended to help supervisees maintain ethical and professional standards of practice, and to help enhance their creative use of self in the therapeutic process.

APCP recognises several modes of counselling/psychotherapy supervision e.g.

**1 One to One, Supervisor–Supervisee**. This involves an accredited supervisor providing counselling/psychotherapy supervision on an individual basis for an individual practitioner who is usually less experienced than the supervisor. This is the recommended mode of supervision for those practising as an APCP pre-accredited counsellor/psychotherapist.

**2 Group Counselling Supervision with identified supervisor** – There are several ways of providing this form of professional supervision. In one approach the supervisor acts as the leader, takes responsibility for organising the time equally between the supervisees, and concentrates on the work of each individual in turn. 2: Group and one to one Supervision must be led by an accredited Supervisor.

Using another approach, the supervisees allocate counselling supervision time between themselves with the supervisor as a technical resource.

**Peer to Peer Supervision is not an acceptable method for Supervision**. The only form of Supervision acceptable for all levels of application for Counsellors and Psychotherapists must use one to one and/or Group supervision.

From Jan 2019, Supervision for **Accredited Counsellors and Psychotherapist** will be agreed as to 1:20 in terms of hours of supervision against client contact hours but a Min of 1hr a month applies irrespective of contact hours.

* 20 contact hours a week would require 1 hr supervision that is 50 hrs a year approx.
* 20 contact hours a month would require 12 hrs of Supervision per year
* 10 Contact hours a month still requires 1 hr per month supervision.

**For Pre-accredited Counsellors and Psychotherapist, supervision** will be agreed as to 1:8 in terms of hours of supervision against client contact hours.

All Supervisors that are presented must be accredited with an organisation and you must submit their certificate of supervisory accreditation with your application. If you wish to use multiple supervisors due to work and private practice, you must submit all of their certificates.

Continue to page 4 for Renewal form.

**Section One**

**1.1 Personal Details**

 Name Click or tap here to enter text.

 Address Click or tap here to enter text.

 Email address Click or tap here to enter text.

**1.2 Current membership status** *(Please tick)*

 Pre- accredited counsellor [ ]  Pre-accredited psychotherapist [ ]

 Accredited counsellor [ ]  Accredited psychotherapist [ ]

**1.3 Details of current counselling/psychotherapy practice supervision**

 Current supervisor Click or tap here to enter text.

 Qualifications Click or tap here to enter text.

 Professional Membership Body Click or tap here to enter text.

 Email Address Click or tap here to enter text.

**Please attach relevant certification for your Supervisor, in all cases this must be supplied**

**1.4 Ratio of hours, Supervisee to Supervisor**

 I am currently engaged in counselling and or/psychotherapy supervision in accordance with the ratio advised with regard balance between client work and supervision of practice.
*Please tick as appropriate, e.g.*

[ ]  1:8 [ ]  1.12 [ ]  other (if other please state ratio below)

Click or tap here to enter text.

**1.5 The mode of counselling/psychotherapy supervision I am engaged is primarily through**

 *Please tick as appropriate*

 [ ]  One to One, supervisor – Supervisee

 [ ]  Group supervision with an identified supervisor

[ ]  Other – Please provide information on a separate sheet

**1.6 Details of Current Insurance\***

 Name of Insurance Provider Click or tap here to enter text.

 \*Please attach up to date copy of certificate of insurance

**Section Two**

**2.1 Details of CPD Training and experience 2019**

You are required to fill out **both** sections to this question. If applicable write NONE, but please do not leave any part of this section blank.

**Professional Training and Experience undertaken with APCP 2022**

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| --- | --- | --- | --- | --- | --- |
| **Dates****From to** | **Title & Type of activity** | **Trainer/Lecturer** | **No of** **Hours** | **Evidence** **Enclosed** | **Labelled** **As** |
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Total no of hours engaged with APCP Click or tap here to enter text.

**2.2 Professional Training & Experience undertaken outside of APCP activities 2022**

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| --- | --- | --- | --- | --- | --- | --- |
| **Dates****From to** | **Title & Type of activity** | **Trainer/Lecturer****Placement supervisor** | **Organising** **Body** | **No of** **Hours** | **Evidence** **Enclosed** | **Labelled** **As** |
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Total no of hours engaged in CPD, inclusive of activities outside APCP Click or tap here to enter text.

**Section Three**

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| **You must tick a box for each of the questions or statements listed below and declare details where requested to be enclosed with your renewal of membership application form.** |

3.1 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, you may wish to use a separate sheet to record your answers and enclose details relating to this, otherwise explain below.

3.1.1 Are you currently 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 continue as a member of APCP.

Click or tap here to enter text.

3.1.2 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 – if not already noted and on file

Click or tap here to enter text.

3.1.3 Do you have any professional complaint or disciplinary proceeding been brought against you which was successful or is currently pending with either APCP or another professional body?

 Yes [ ]  No [ ]

 If your answer is yes, please give details.

Click or tap here to enter text.

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

Yes [ ]  No [ ]

 If your answer is yes, please provide details.

Click or tap here to enter text.

Continue to Personal Declaration

**3.2 Your Personal Declaration regarding engagement as a member of APCP**

 **Please tick where you are in agreement with this declaration**

3.2.1 [ ]  I have, prior to signing this declaration, read and agree to abide by APCP’s Code of Ethics and Practice for Counsellors and Psychotherapists

3.2.2 [ ]  I am aware of my responsibilities to ensuring adequate insurance to support my personal clinical practice and have answered truthfully all questions related to criminal, civil, investigatory & disciplinary issues as noted in section 3.1 of APCP’s renewal application form.

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

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

3.2.5 [ ]  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.

3.2.6 [ ]  I understand my commitment to on-going Clinical Practice, minimum 1 CPD training day and clinical supervision in accordance with APCP requirements as related to my membership status.

3.2.7­­ [ ]  **I have paid my €200 Membership Fee by Easypay**

<https://pay.easypaymentsplus.com/feepay1v2.aspx?id=847>

Signed Click or tap here to enter text.

Date Click or tap to enter a date.