# This application form is solely for those seeking membership as accredited Psychotherapist

**Criteria for APCP membership at Accredited Psychotherapist level**

Pre-accredited members are required to work towards the completion of the criteria for Accredited Membership in Psychotherapy over a minimum of a four year period, from commencement of study in Psychotherapy at level 9. Following the period of training, applicants will have completed and provide proof of the following to APCP:

i) 600 hours/session clinical practice with clients/patients.

ii) 250 hours of personal psychotherapeutic experience.

**APPLICANTS FOR ACCREDITED PSYCHOTHERAPY MEMBERSHIP OF APCP WILL:**

**have completed L9 Masters, which will include:**

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

* 1. Theories of human development throughout the life cycle
	2. An understanding of other psychotherapeutic approaches
	3. A theory of change
	4. An understanding of social and cultural issues in relation to psychotherapy
	5. Theories of psychopathology
	6. Theories of assessment and intervention

(*Completion of a master’s Programme of Education may form part of the overall 4-year training at or beyond Level 9 or may comprise the entire training).*

 **PERSONAL PSYCHOTHERAPEUTIC EXPERIENCE OR EQUIVALENT**

**Evidence of having completed not less than 50 hours personal therapy, signed off by your therapist(s) and the remaining 200 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. (evidence may be required).**

 **EVIDENCE OF APPROPRIATE PRACTICAL TRAINING/Experience: Review**

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

Can include all or parts of the above

 **CLINICAL SUPERVISON**

 We will require evidence to verify that within the 4 year period from the date of your initial application for pre-accredited psychotherapist membership that you 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.

**Please note the following**

As noted above, c*ompletion of a master’s Programme of Education may form part of the overall 4-year training at or beyond Level 9 or may comprise the entire training.*

**These guidelines set out above 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 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. This 1400 hour is made up of your master’s course in its totality: Direct class contact hours; Completed assignments; Reading relevant material; Experiential Workshops; CPD; and other material and academic/personal development work as assigned by your College/University provider**

**Completed Applications can be emailed to info@apcp.ie or posted to APCP,** you must sign the application form and also enclose

 Name and address of referees (please note it is your responsibility to ensure references are forwarded separately by those noted to support your application directly to APCP. References are accepted via email directly from the referee.

 Details regarding the supervisor you have worked with while you are pursing the necessary hours practice required to work in the field of psychotherapy (this must be signed by your supervisor/s).

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 9 in psychotherapy. (See section 4)

 **€40** Application processing fee. This fee is solely to cover costs of processing/screening your application. It does not infer acceptance of your application for membership. Please <https://pay.easypaymentsplus.com/>for more details.

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

I have read these requirements and confirm that I can supply evidence where requested to support this application form.

#

# Your Applications’ journey:

Step 1. You will receive notification of receipt of application

Step 2. Initial Processing

Step 3 Confirmation that all is in order and ready for review by the appraisal committee

Step 4 You will receive an approximate date for review and when you should expect to hear back.

Please note any missing information will slow down your application which may cause you to miss an appraisal committee meeting. This could delay your application considerably.

Please continue to the application form:

The Association of Counsellors and Psychotherapists, Ireland

Application Form for

Accreditation as a Psychotherapist

# **Section One**

**History of Membership and Training**

***Please fill in the following***

APCP membership

(Please tick as appropriate)

Pre-Psychotherapist Accredited Counsellor

APCP Membership number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What year did you graduate with a relevant degree? \_\_\_\_\_\_\_\_\_\_

What year you commence training at Level 9 or above in psychotherapy?\_\_\_\_\_\_\_\_\_\_\_\_\_

* 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 \_\_\_\_\_\_\_\_

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 as required.

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

 **Yes No**

**If your 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 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, on a separate sheet.**

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

 **Yes No**

 **If yes please provide 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**

***Note: A verified transcript of training from the relevant third level college you attended must be attached.)***

**3.1 Level 9 Qualifications in Psychotherapy**

|  |  |
| --- | --- |
| Course Title |  |
|  Third Level Institute |  |
| Dates of Training | From | To |
| Date of commencement |  |

**Other level 9 or above qualifications**

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

**3.2 Primary degree (level 7 or 8)**

|  |  |
| --- | --- |
| 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.  |  |

**Primary degree (level 7 or 8)** *(CONT)*

|  |  |
| --- | --- |
| 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. |  |

|  |
| --- |
| **3.3 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 psychotherapy 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**

**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 PracticeFrom \_\_\_\_\_\_\_\_ 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 period1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accreditation Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please Note:*** * ***Your Supervisor will 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 From 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 of APCP you are required as an applicant for **accredited psychotherapist** to forward two references.

**Referee contact details**

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 psychotherapy. Ideally this is someone who knows you in a **work situation**.

An Academic reference would normally be provided by either a member of faculty or head of Department where you studied.

Professional Referee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 **Academic** Referee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Please ensure that references are forwarded to APCP directly by your nominated referee by email to** **info@apcp.ie**

**5.1 Professional Reference/Academic Reference Template**

|  |  |  |
| --- | --- | --- |
| Name of Applicant you are supporting: |  |  |

|  |  |
| --- | --- |
| Your name as a referee |  |
| Business/home address  |  |
| Telephone No  |  |

**Please answer the following questions:**

|  |
| --- |
| 1. In what capacity do you know the applicant?
 |
|  |

|  |
| --- |
| 1. What do you believe are the particular strengths/ qualities this applicant brings to the field of counselling/psychotherapy?
 |
|  |
| 3.Do you recommend this applicant as a suitable candidate to work with clients.  |
|  |

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

 Referee Date

**Please forward by email to** **info@apcp.ie** **or via post to:**

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

**National Technology Park, Limerick.**

*5.2* **Supervisors Reference**

 **Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**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: -

1. evidence of the Association you belong to and
2. a transcript of your psychotherapy 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, available for review on [www.apcp.ie](http://www.apcp.ie)

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 An Garda Síochana 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.

 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 **50 hours** professional development training (CPD) as accredited psychotherapist of APCP and that this requires my attendance at a **minimum** of one APCP training days/events per annum. The Annual membership fees cover up to 12 hours CPD per year.

**Applicants signature Date:**