



**IRISH ASSOCIATION
OF
HUMANISTIC AND INTEGRATIVE
PSYCHOTHERAPY
(IAHIP)**

CONFIDENTIAL

APPLICATION FOR ACCREDITED MEMBERSHIP

Applicant's Name: _____

1.0 PERSONAL DETAILS

Name: _____

Address: _____

Phone No.s: Home: _____ **Work:** _____

Mobile: _____ **E-mail:** _____

1.1 Date of Birth ___ / ___ / ___

2.0 EDUCATIONAL BACKGROUND

Name of Degrees/Diplomas and/or other professional training including the Awarding Body and date awarded:

3.0 CORE TRAINING IN PSYCHOTHERAPY

Include with this application form:

- **Original course brochure**
- **A clear breakdown of division of training hours if this is not provided in your course brochure**
- **Copies of degrees/diploma.**

3.1 TRAINING BODY

Name: _____

Address: _____

Telephone No.: _____

3.2 COURSE TITLE:

Course starting date: _____ Course ending date: _____

3.3 MAIN THEORETICAL APPROACHES

3.4 OTHER THEORETICAL APPROACHES

3.5 TOTAL TRAINING HOURS FOR COURSE AS A WHOLE _____

3.6 *DIVISION OF TRAINING HOURS*

Please indicate below the number of contact hours you experienced during your training course, under the following headings:

Theoretical Study of

(a) Humanistic and Integrative Psychotherapy: _____ hours

(b) Other theoretical approaches: _____ hours

Group Learning

- Skills Training _____ hours

- Psychotherapy Practice with peers _____ hours

- Supervision of above _____ hours

- Personal Development and exploration of one's own process [including experiential training workshops] which may include group work within the course which engages and explores one's own process in a group setting, provided such group work is not also submitted as part of one's Group Therapy (see section 7.2 below). _____ hours

Total: _____ hours

3.7 *COMPLETION OF COURSE*

Did you complete the course in full? YES NO

Did the Training Body declare you as validated by them?

YES NO

3.8 NAMES OF CORE TRAINERS, THEIR QUALIFICATIONS AND THEIR PROFESSIONAL AFFILIATIONS:

4.0 SUPERVISED PSYCHOTHERAPY WITH CLIENTS DURING TRAINING

(Supervised psychotherapy practice with peers does not qualify.)

Total No. of one-to-one client hours during training _____

Total No. of one-to-one supervision hours during training _____

Total No. of Group Supervision hours during training _____

If engaged in Group Supervision, how many members in group _____

Name of Supervisor/s: [A spouse or equivalent partner does not qualify as a supervisor].

5.0 SUPERVISED ONE-TO-ONE PSYCHOTHERAPY WITH CLIENTS SINCE COMPLETION OF TRAINING

INDIVIDUAL CLIENT PSYCHOTHERAPY HOURS

Type of Therapy: (e.g. Humanistic & Integrative)

Length of time working with clients since training: ____yrs ____ mts

Duration of session with each client: _____ hours

Average no. of sessions per week: _____

Total no. of hours of individual client psychotherapy since completion of training: _____ hours

Total no. of hours of individual client psychotherapy in the 12 months immediately preceding application for accreditation: ----- hours

6.0 SUPERVISION SINCE COMPLETION OF TRAINING

Graduate pre-accredited therapists should not be supervised by their training supervisor/s. A period of three months is allowed to seek a new supervisor.

If you had more than one Supervisor since completion of training please enclose a letter of confirmation of total no. of hours of supervision from other supervisor/s.

A detailed Supervisor's Report to be submitted from each of your Supervisors during the twelve months prior to application.

6.1 INDIVIDUAL SUPERVISION

(1) Name of current Supervisor submitting report:

Professional Orientation: _____

Professional Memberships: _____

Supervisory qualifications: _____

Frequency of Consultation: _____

Length of Sessions: _____

Total no. hours of individual supervision with this supervisor: _____

(2) Name of other Supervisor (if applicable):

Professional Orientation: _____

Professional Memberships: _____

Supervisory qualifications: _____

Frequency of Consultation: _____

Length of Sessions: _____

***Total no. hours of individual supervision with this supervisor:** _____

6.2 GROUP SUPERVISION

If you had group supervision a report from your Group Supervisor must be included with your application.

(1) Name of Supervisor:

Professional Orientation: _____

Professional Memberships: _____

Supervisory qualifications: _____

Frequency of Consultation: _____

Length of Sessions: _____

Total no. of hours of Group Supervision with this supervisor: _____

Number of supervisees in the group: _____

(2) Name of other Supervisor (if applicable):

Professional Orientation: _____

Professional Memberships: _____

Supervisory qualifications: _____

Frequency of Consultation: _____

Length of Sessions: _____

***Total no. of hours of Group Supervision with this supervisor:** _____

Number of supervisees in the group: _____

7.0 *PERSONAL PSYCHOTHERAPY DURING TRAINING FROM A HUMANISTIC AND INTEGRATIVE PERSPECTIVE.*

7.1 *INDIVIDUAL THERAPY*

Please indicate below the no. hours of individual psychotherapy you have undertaken:

During Training: _____

Since Training: _____

Longest period of psychotherapy undertaken with one psychotherapist: _____

What was the frequency?: _____

How long was each session?: _____

7.2 *GROUP THERAPY, which may include group work within the training course which engages and explores one's own process in a group setting,*

provided such group work is not also submitted under the heading of Group Learning (see section 3.6 above).

Please indicate below the no. of hours of group psychotherapy you have undertaken:

During Training: _____

Since Training: _____

What was the frequency? _____

How long was each session? _____

8.0 *PROFESSIONAL DEVELOPMENT*

What ongoing professional development have you undertaken since completion of training?

9.0 *LIST OF PROFESSIONAL BODIES OF WHICH YOU ARE A MEMBER:*

10.0 *HAVE YOU EVER BEEN SANCTIONED BY OR DEBARRED/EXPELLED FROM AN ORGANISATION FOR PROFESSIONAL MISCONDUCT?*

YES NO

11.0 *INSURANCE*

Professional Indemnity and Public Liability Insurance cover is a requirement for Accreditation.

Please enclose with your application form a copy of your current Certificate of Insurance.

12.0 *APPLICANT'S DECLARATION*

I, _____, apply for accreditation by IAHIP. I agree to abide by its Memorandum & Articles of Association, its Codes of Ethics and Practice, and agree to comply with its Complaints Procedures. I have not been debarred by any organization for professional misconduct. I agree to remain covered by insurance against professional indemnity and public liability risks in my practice. I agree to be committed to the practice of psychotherapy, to ongoing supervision of my work and to other forms of professional development. I declare the information given in this form to be true.

Signed: _____ Date: _____

13.0 *PERSONAL STATEMENT*

Please demonstrate, on a separate sheet, using not more than 1000 words, that your work is at the level of psychotherapy and that its orientation is humanistic and integrative.

This statement to be signed by self.

14.0 *LETTER OF SUPPORT*

Please provide a letter of support from a professional colleague.

- This does not necessarily have to be a psychotherapist but somebody who is familiar with how you conduct yourself in the professional arena.
- This may not be from a Trainer from your Professional Training Course.

15.0 *NON-REFUNDABLE PROCESSING FEE*

Please enclose the €160.00 non-refundable processing fee with your fully spiral bound application pack. Please ensure the completed checklist (enclosed with this pack) is at the front of your application. Cheques and postal orders to be made payable to IAHIP.