



**BYE LAW 11 ACCREDITATION CHECK LIST**

Applications will be returned if information is not clearly stated, forms are incorrect or incomplete or if all supporting documents etc. are not submitted.

Applications can be typed or handwritten, but the Application form must be kept together.

Name of Applicant: _____		Date: _____	
Application Section	Topic Note numbers in square brackets are sections to direct you to the byelaw		Tick when complete
1. 0	Personal Details	Complete section fully	
2. 0	Educational/Training Background [1.1, 2.1, 4]	1) Complete fully 2) Supply copies of <b>all</b> certs listed. 3) For non-recognised courses include a fully completed, stamped and hand signed: 'IAHIP Confirmation of Breakdown of Training Hours Form'	
3. 0 to 3.4	Postgraduate Psychotherapy Training [3.1]	Complete all sections fully If Yes to 3.4 - skip to Section 5 If No to 3.4-fully complete Section 4	
4. to 4.2.2	Details of Phase 1 Psychotherapy Training [4, 4.1.1, 4.2, 4.3(i + ii)]	For non-recognised training courses Please supply: 1) A Course Schedule 2) A completed & signed off 'IAHIP Confirmation of Breakdown of Training Hours Form'	
4.3 to 4.3.6	Phase 1 Supervisor/s [7.3, 7.3.1, 7.1.1, 7.3.2]  Note: Confirmation by Supervisor <b>must</b> contain both a printed & hand signature.  Note: a Digital Signature <b>is not</b> acceptable	Complete fully for each Supervisor during Phase 1  Note: Section 4.3.4 if the number of group members in [7.1.1] is exceeded, evidence from the training school is required with this application	
4.4.1 – 4.4.6	This page may need to be repeated if more than 1 Supervisor was involved in Phase 1 of training. Note: Confirmation by Supervisor <b>must</b> contain both a printed & hand signature	Complete fully  Note: a Digital Signature <b>is not</b> acceptable	
5. to 5.5	Supervised Clinical Practice (Phases 1 & 2) [3.4, 6.6.1, 7, 6.2, 6.3,7.1, 3.5, 7.1.1]	Complete fully	
5.6 to 5.8	Supervised clinical practice hours [7.3.2, 6.3,7,3.5]	Complete fully	
5.9 to 5.14	Post-course Practicum Phase 2 [3.2, 6.1, 7.2, 7.2.1, 7.2.2]  Note: Section 5.14 requires evidence from your supervisor	Complete fully Note: Section 5.11 if the number of group members in [7.2.2] is exceeded, evidence from the training school is required with this application	
6.0 to 6.6	Phase 2 Supervisor/s [7.3, 7.3.1, 7.2.1, 7.2.2, 7.3.2] Please note: 1) A spouse or equivalent does not qualify as a Supervisor 2) Peer Supervision does not qualify 3) You <b>must have</b> been with the same Supervisor in the 12 months preceding application. 4) Your supervisor <b>must</b> review your full application before it is submitted in line with 10.0 on Supervisor form. 5) In Section 6.5 if the number of group members in [7.2.2] is exceeded, evidence from the training school is required with this application 6) Please note that supervision of clinical practice whether Phase 1 or Phase 2 must be face-to-face to be eligible to be counted	Complete fully If you had more than 1 Supervisor, since completion of training, supply a letter of confirmation of Total No. of Hours of Supervision from the other Supervisor/s. There 3 Supervisors in the application form.  Supply a detailed Supervisors Report during the last 12 months prior to Application  Note: a Digital Signature <b>is not</b> acceptable	

	towards Accreditation i.e. no Skype, Phone, Facetime etc. Should exceptional circumstances arise with your supervisor, where face-to-face is not possible for a short period, these circumstances must be clearly documented and included in the application for consideration.		
7.0 to 7.2	Psychotherapeutic Experience as Client - Phases 1 & 2 [5, 5.1, 5.2, 5.2.1, 3.3, 5, 5.1, 5.2, 5.2.2]	Complete fully - Note if Section 7.2 is Yes, please supply approval from the training school [5.2.2]	
8.0	Continued Professional Development, if applicable (Note: this is not mandatory)	Complete fully & supply with supporting evidence if applicable	
8.1	Professional bodies of which you are a full member, if applicable	Complete fully & supply with supporting evidence if applicable	
9.0	Personal Statement: [2(a) & 2.1(ii)]	Please supply a Personal Statement (approx. 1000 words) that reveals you as a Humanistic & Integrative Psychotherapist. Note: This statement <u>must be</u> Hand-signed by the applicant.	
10.0	Undertakings/Declaration[8]	Complete fully	
11.0	Insurance	A Copy of your current Insurance Policy is required.	
12.0	Applicant's Undertakings & Declaration	Please read carefully. Insert printed name at the start and Print Name & Hand Sign. Note: a Digital Signature is not acceptable	
13.0	Letter of Support	Supply a letter of Support Note: This letter cannot be from a trainer, spouse or equivalent. Must be hand-signed	
	Applicants Signature	Please be sure to Hand Sign your Application at the end of Section 13.	
	Application fee non refundable	Please supply relevant fee with Application Form	
	Did you include an IAHIP Confirmation of Breakdown of Training Hours, stamped and signed by your training school, if <u>your</u> training is not IAHIP recognised.		

***Before submitting your application please ensure you have "checked" all boxes above and included all relevant documents***

***Has your Supervisor reviewed your application in full – in line with Section 10.0 on Supervisors Report?***

- **Place the checklist at the front of your application pack**
- **Keep the Application Form as one full document**
- **All supporting documentation and information must be come after the Application form**
- **All sections must be fully complete**

***Failure to follow these instructions will delay the application process***