

APPLICATION FORM

Change of Category to Non-Practising Member

NB: Category only open to those taking a break for a minimum of one year

Personal Details

Name _____

Address _____

Address (cont.). _____

Contact Numbers

Home _____ / Work _____

Mobile _____ / E-mail _____

Year of Accreditation 19__ or 20__

Date of ceasing to practice as a psychotherapist __/__/____

I, (insert name) understand that as a
Non-Practising Member* I am :

- not covered by IAHIP Insurance
- not covered by IAHIP complaint's procedure

and I agree not to use the letters IAHIP as part of any professional advertising.

Signature Date

*Note 1: The Category of Non-Practising Member would include those taking time out
for:

- sabbatical / family reasons / career change / illness / travel / study
- or
- members wishing to retire.

The current subscription for a Non-Practising Member is **€65.00**.

Non-Practising Members

- may attend AGM's and EGM's (without voting rights)
- will be on the mailing list
- will receive INSIDE OUT
- will receive the IAHIP newsletter

Note: You must read and sign both pages of this form.

PROCEDURES AND CRITERIA FOR RE-ENTRY

When you decide to resume your practice as a psychotherapist, you will need a re-entry form from the IAHIP office.

Under three years

Those of you who have been non-practising for under three years, will be asked to provide:

- supervisor's signature
- copy of insurance certificate - as soon as it is available
- short explanation of your absence

Over three years

Those of you who have been non-practising for over three years, will be asked to provide the same as above, as well as a description of any relevant personal or professional development you have engaged in prior to resuming practice, eg. workshop; seminars; personal therapy; study; etc

I have read and accepted the above.

Signature Date

Return to: IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co Dublin.