

IAHIP Confirmation of Breakdown of Training Hours

[The bracketed numbers refer to sections of Bye Law 11 that may be helpful but are not intended to replace a study of the bye law as a whole.]

Applicants Name:	
Training Institute:	Duration of Training:
Programme Title:	Awarding Body:
Start Date of Training [1.1]	End Date of Training

Year in programme	Module/Subject Title	Breakdown of Contact Hours								
		Total Hours [3.4]	Personal Therapy Hours [5, 5.1, 5.2]	Clinical Practice Hours [6, 6.1, 6.2, 6.3]	Clinical Supervision Hours [6.1]	Skills [4.3(i)]	Theory [4.2]	PPE & Group Process within course times [4.3(ii)]	Didactic Supervision [7.1.2]	Number of Credits
	Totals:									
		Combined total: _____ hours								

IAHIP Confirmation of Breakdown of Training Hours Contd.

Applicants Clinical Practice Start Date [6.2] _____

(Note: Please read Bye Law section fully as, if your Psychotherapy training started on/after Sept 2018...

_____ Date

Clinical practice within the training course must not take place in the first two years of training.

If your Psychotherapy training started before Sept 2018 and your clinical practice began before the end of Year 2.

You must provide evidence of one of the following when submitting your application:

- 1) Evidence from the training institute to show that you had prior knowledge and experience as a clinical practitioner **or**
- 2) Evidence from your training institute that states the special condition for earlier clinical practice that is relevant to you.

Did Applicant undertake group psychotherapy outside of the Psychotherapy Training Course during Phase 1: [5.2.2] _____

Yes/No

(If yes, please include approval by the training organisation and confirmation that it took place while the applicant was a trainee on the training course.)

Add additional lines as necessary.

Any Special Regulations:

Please note that any remote clinical practice, supervision, personal therapy etc hours must be completed on one of the Addendum forms supplied. Each Addendum form has a different date structure.

Has the above named student successfully completed the Training [2.1a] _____

Yes No

Training Institute Official's Name:

Print Name

Hand Signature