

APPLICATION FOR ACCREDITED MEMBERSHIP UNDER BYE LAW 11

The Checklist

- Applications will be returned if information is not clearly stated, forms are incorrect, incomplete, or if all supporting documents etc. are not submitted. Applications can be typed or handwritten, but the Application Form must be kept together. Please do not include information which is not required with your application – to avoid delays with processing your application please review all documents and follow the instructions below.
- Original applications cannot be returned, so please keep a copy for your own reference.
- Hard copy must be spiral bound and digital copy (PDF) must be sent by email (maximum 2 PDFs).
- Before submitting your application, please ensure you have “checked” all boxes below and included all relevant documents.
- Has your Supervisor reviewed your application in full – in line with Section 10.0 on Supervisors Report? – No digital or scanned signatures will be accepted.
- 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 – and all relevant sections must be fully complete.

Your name:			
Application section	Topic		Tick when complete.
1.0	Personal details	Completed fully	
2.0	Educational/Training Background [1.1, 2.1, 4] 1	1) Complete fully 2) Supply copies of all certs listed. 3) For non-recognised courses include a fully completed, stamped and hand signed: 'IAHIP Confirmation of Breakdown of Training Hours Form'	1
			2
			3
3.0 to 3.4	Postgraduate Psychotherapy Training [3.1] Details of Undergraduate Degree must be completed in full [3.2.2]	Complete all sections fully If Yes to 3.4 - skip to Section 5 If No to 3.4-fully complete Section 4	
4.0 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 supply: 1) A Course Schedule 2) A completed & signed off 'IAHIP Confirmation of Breakdown Hours'	1
			2

4.3 to 4.3.6	Phase 1 Supervisor/s [7.3, 7.3.1, 7.1.1, 7.3.2] Please include Supervisor Accreditation details Note: Confirmation by Supervisor must contain both a printed & hand signature. Note: a Digital Signature is not 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 to 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 must be signed physically (not digitally)	Completed Fully – signatures are not copies, photocopied, cut & copied or digital signatures.	
5.0 to 5.5	This page may need to be repeated if more than 1 Supervisor was involved in Phase 1 of training. – Same conditions as above regarding signatures	Completed Fully – signatures are not copies, photocopied, cut & copied or digital signatures.	
5.6 to 5.8	Supervised clinical practice hours [7.3.2, 6.3,7,3.5]	Completed 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] Note: 1) A spouse or equivalent does not qualify as a Supervisor 2) Peer Supervision does not qualify 3) You must have been with the same Supervisor in the 12 months preceding application. 4) Your supervisor must 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	Complete fully - Please include Supervisor Accreditation details If you had more than 1 supervisor, since completion of training, supply a letter of confirmation of the total number of Hours of Supervision from the other Supervisor/s. There are at least 3 Supervisors in the application form. Supply a detailed Supervisors Report during the last 12 months prior to your application - signatures are not copies, photocopied, cut & copied or digital signatures.	
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] Evidence for all hrs in this area must be supplied with application	
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: You must sign this.	

10.0	Undertakings/Declaration [8]	Complete fully.	
11.0	Insurance	Copy of your current insurance is attached to the back of the application – Must have all the relevant details (name, coverage etc.)	
12.0	Applicant’s Undertakings & Declaration Please note the agreement to hold all IAHIP members, staff and its affiliated organisations within the profession of Psychotherapy with the upmost dignity, respect, and consideration, and that you agree to treat all peers with courtesy in the manner advocated within the humanistic and integrative ethos. This relates to all correspondence with the Committee during this process.		
13.0	Letter of support	Supply a letter of Support Note: This letter cannot be from a trainer, spouse or equivalent	
	Did you include an IAHIP Confirmation of Breakdown of Training Hours, stamped and signed by your training school, if your training is not IAHIP recognised.		

Signature Policy

All signatures: including applicants, supervisors or anyone confirming data included in this application must be original on the page submitted. No digital, photocopied or scanned and pasted signatures are accepted as this cannot be verified. Applicants must ensure that the original document signed is submitted with the application.

Application Fees

All application fees are non-refundable. Please see www.iahip.org/fees for details.

Application Process

Applications submitted will be presented to the Accreditation Committee for review. The Accreditation Committee are unable to adjust the criteria and can only verify if the applicant is meeting the IAHIP Accreditation criteria as outlined in IAHIP Bye-Law 11. The cut-off date for applicants is two weeks prior to an Accreditation Committee meeting.

The committee may request further information on one occasion during the process to clarify information presented in the application. If, after clarification, there are further discrepancies the application will be rejected at that point.