

APPLICATION FOR ACCREDITED MEMBERSHIP UNDER BYE LAW 11

**During Covid 19 – there is a new Addendum form which needs to be completed if you worked
by video or phone during the pandemic on the website for details.**

- Please do not include information which is not required with your application
- This form can be handwritten or typed.
- Original applications cannot be returned, so please keep a copy for your own reference

[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.]

Section 1 Personal Details

Your Full Legal Name: _____

Any Previous Name: _____

	Your Home Address:	Your Work Address (if different)
Address		
City/Town		
County		
Eircode/Postcode		
Country		

Email Address:	
Website Address	
Phone Number	
Mobile Number	

Section 2 Educational/Training Background

[3.1 & 4]

Please include copies of Degrees and Certificates listed below.

For non-recognised courses please include a fully completed and signed **IAHIP Confirmation of Breakdown of Training Hours Form**

Start Date	End Date	Training Institution	Full Course Title	NFQ Level	Awarding Body

Section 3- Postgraduate-level Psychotherapy Training

[3.1]

This is Postgraduate level training in Humanistic and Integrative Psychotherapy that matches with Bye Law 11 criteria.

3.1	Phase 1: Name of Training Provider:		
3.2.1	Phase 1: Name of Training Course Completed		
3.2	Phase 1: Training Course Dates: [3.1 & 4]		
	Start:	Graduation:	
3.2.2	Details of relevant undergraduate degree (min. 3 years) or equivalent, prior to psychotherapy training :[3.1]		
3.3	Completion of Phase 1 Training:		
	Did you complete the course in full? [2.1(i)]	Yes	No
	Have you received a parchment and copy of your results transcripts?	Yes	No
	Is this course an IAHIP Recognised Training Course as listed? www.iahip.org/IAHIP-Recognised-Training-Courses	Yes*	No

***If you have completed a Recognised Training Course, please skip section 4 and continue to section 5.**

Section 4 – Details of Phase 1 Psychotherapy Training

For applications coming from unrecognised training courses.

[4] Please supply from your training provider a course schedule and an IAHIP

Confirmation of Breakdown of Training Hours document, demonstrating compliance with IAHIP course requirements and linking those requirements to the course schedule

4.1 Combined total of Theory and Group Learning Hours: [4.1.1]

4.1	Combined total of Theory and Group Learning Hours: [4.1.1]		
4.2	Total number of Theoretical Hours only: [4.2]		
4.2.1	Contents, please indicate below if the following were included. Tick the box as appropriate		
4.2.1 (a)	A primary focus on humanistic & integrative modality:	Yes	No
4.2.1 (b)	An understanding of other psychotherapeutic approaches	Yes	No
4.2.1 (c)	Human development throughout the lifespan.	Yes	No
4.2.1 (d)	Theories of change.	Yes	No
4.2.1 (e)	Assessment and intervention	Yes	No
4.2.1 (f)	Psychopathology	Yes	No
4.2.1 (g)	Research	Yes	No
4.2.1 (h)	Professional Issues (ethics, law and networking)	Yes	No

4.2.2	Total number of group learning hours [4.3]		
<i>(Do not include any hours counted under Personal Psychotherapeutic Experience in Section 7 below) [4.3.1]</i>			

	<i>Did this include: [4.3]</i>		
4.2.2.a	Skills practice & training rooted in experiential learning & primarily informed by modalities of psychotherapy that are humanistic & integrative in nature. [4.3(i)]	Yes	No
4.2.2.b	Personal development and exploration of one's own process including experiential training workshops which may include group work within the course which engages & explores one's own process in a group setting. [4.3(ii)]	Yes	No

4.3 Phase 1 Supervisor or Supervisors:

[7.3a or b or 7.3.1]

Please read these sections of the bye law fully before completing this section.

(To be completed in regard to each supervisor during Phase 1)



Supervision of clinical practice whether Phase 1 or Phase 2 must be face-to-face to be eligible to be counted towards Accreditation i.e., no Skype, Phone, Facetime or other virtual applications. *Please also see addendum and Covid-19 guidelines.

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 [6]. From June 2020 a minimum frequency of monthly supervision is required [7.1].

For additional supervisors, duplicate one of the following pages.

Phase 1 - Supervisor 1

4.3.1	Supervisors Name			
4.3.2	Psychotherapy and Supervision Training/Qualification			
	Date			
	Supervisor Accreditation			
	Date			
4.3.3	Period of Supervision		To	
4.3.4	Breakdown of Supervision Hours Individual Supervision Hours: [6.1, 6.3, 7, 7.1.1]			
	Number of Clinical Practice hours related to this Supervision			
	Group Supervision Hours [6.1, 6.3, 7, 7.1.1]			
	Number of group members [7.1.1] (The group shall not exceed four supervisees. Clear equivalence within a different structure will, in certain circumstances, be acceptable.)			
4.3.5	Ratio of Supervision Hours to Client Hours			
4.3.6	Was this your training supervisor? [7.3.2] (The supervisor with a reporting and assessment responsibility to your training course)	Yes	No	
4.3.7	Are any of the hours above non-face-to-face supervision?	Yes	No	
	If yes, how many are non-face-to-face hours?			
	If you answered yes above, please outline the exceptional circumstances which arose			
4.3.8	Did you work with this supervisor in any other capacity? [7.3.c]	Yes	No	
	If yes, please provide details			

Confirmation by Supervisor 1

Print name	
Signature – must be physically signed.	

Phase 1 - Supervisor 2

4.3.1	Supervisors Name			
4.3.2	Training/Qualification			
	Date			
	Supervisor Accreditation			
	Date			
4.3.3	Period of Supervision		To	
4.3.4	Breakdown of Supervision Hours Individual Supervision Hours: [6.1, 6.3, 7, 7.1.1]			
	Number of Clinical Practice hours related to this Supervision			
	Group Supervision Hours [6.1, 6.3, 7, 7.1.1]			
	Number of group members [7.1.1] (The group shall not exceed four supervisees. Clear equivalence within a different structure will, in certain circumstances, be acceptable.)			
4.3.5	Ratio of Supervision Hours to Client Hours			
4.3.6	Was this your training supervisor? [7.3.2] <small>(The supervisor with a reporting and assessment responsibility to your training course)</small>		Yes	No
4.3.7	Are any of the hours above non-face-to-face supervision?		Yes	No
	If yes, how many are non-face-to-face hours?			
	If you answered yes above, please outline the exceptional circumstances which arose			
4.3.8	Did you work with this supervisor in any other capacity? [7.3.c]		Yes	No
	If yes, please provide details			

Confirmation by Supervisor 2

Print name	
Signature – must be physically signed.	

Section 5: Supervised Clinical Practice

Please note that supervision of clinical practice whether Phase 1 or Phase 2 must be face-to-face to be eligible to be counted towards Accreditation i.e., no Skype, Phone, Facetime or other virtual applications. 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 [6]. ***Please also see addendum and Covid-19 guidelines**

From June 2020 a minimum frequency of monthly supervision is required [7.1,7.2]. There must be a clear distinction between line management and Clinical Supervision. Therefore, for accreditation purposes, an applicant who received supervision from a line manager cannot count this towards accreditation. [7.3c]

Phases 1 and 2 to-date (Phases 1 & 2 combined):

5.1	Total clinical practice hours to date [3.4,6 &6.1]		
5.2	Total number of clinical supervision hours to date [3.5,7]		
	Do the total clinical supervision hours include any didactic supervision in Phase 1. [7.1.2]	Yes	No
	If yes, how many? [7.1.2]		

Phase 1:

	Total Clinical Practice hours in Phase 1: [6.1, 6.3]	
5.3.a	Clinical Practice start date.	

Note: Please read Bye-Law section fully. If your Psychotherapy training started on/after Sept 2018, 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.

	Total number of Clinical Supervision Hours in Phase 1: [3.4, 6.1, 6.3]	
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Breakdown of Supervision Hours:

	Individual Supervision Hours: [6.1, 6.3, 7, 7.1.1]	
	Number of Clinical Practice hours related to this Supervision	
	Group supervision hours [6.1, 6.3, 7, 7.1.1]	
	Number of group members: [7.1.1] <ul style="list-style-type: none"> • The group shall not exceed four supervisees. Clear equivalence within a different structure will, in certain circumstances, be acceptable. 	
	Phase 1 Ratio of Supervision Hours to Client Hours [7.1]	

Changing to Phase 2 supervisor: [7.3.2]



During the Phase 2 post-course practicum (pre-accreditation) period, until the applicant has completed in aggregate **300** hours of supervised clinical practice during Phases 1 and 2 of psychotherapy training, supervisees are free, subject to sub-clause 7.3, to be supervised by a supervisor who had been their training supervisor during Phase 1 or who had had a significant role in their Phase 1 training. At that juncture, a period of three months shall be allowed to enable the graduate supervisee seek out a new supervisor.

Please note that supervision of clinical practice whether Phase 1 or Phase 2 must be face-to-face to be eligible to be counted towards Accreditation i.e. no Skype, Phone, Facetime or other virtual applications. 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 [6] ***Please also see addendum and Covid-19 guidelines.**


There must be a clear distinction between line management and Clinical Supervision. Therefore, for accreditation purposes, an applicant who received supervision from a line manager cannot count this towards accreditation. [7.3c]

From June 2020 a minimum frequency of monthly supervision is required [7.1, 7.2]

5.6	When did you complete 300 supervised clinical practice hours? [7.3.2, 6.3]		
	(if not completed during phase 1) - date		
5.7	Did you complete a minimum of 150 supervision of practice hours during the combined phases 1 and 2?	Yes	No
	Clinical practice hours during the combined phases 1 and 2? [7, 3.5]		
5.8	When did you commence Phase 2 supervision with a supervisor who was not your training supervisor and who did not have a significant role in your training?		
	[7.3.2] Start Date:		

Phase 2:

5.9	Phase 2 Post-course Practicum Dates: [3.2]	Start date			End date		
5.10	Total Clinical Practice Hours in Phase 2: [6.1]						
Breakdown of Supervision Hours							
	Individual Supervision Hours: [6.1, 7.2.1]						
	Number of clinical practice hours related to this supervision:						
	Number of group members [7.2.2] - not to exceed four supervisees						
	Group Supervision hours [7.2.2]						
	Phase 2 ratio of supervision hours to client hours [7.2]						
5.13	Total number of clinical practice hours in 12 months preceding your application for IAHIP accreditation: [6.1]						

5.14	 Within the 500 hours, supply evidence from your supervisor of working with at least one client for 40 hours or more. The rest of the hours can be a mixture of long-term and short-term work.	Check

Section 6 - Phase 2 Supervision



Supervised psychotherapy practice with peers does not qualify.

A spouse or equivalent partner does not qualify as a Supervisor. If you had more than one Supervisor since completion of training, please enclose a letter of confirmation of Total Number of Hours of Supervision from the other Supervisor/s.

All supervisors to confirm details given in their section below.

A detailed Supervisor's Report must be submitted for your supervisor during the twelve months prior to application. Please note: that you must have been with the same Supervisor in the 12 months preceding application. The accreditation Committee would have discretion to review this under exceptional circumstances.

Please note that supervision of clinical practice whether Phase 1 or Phase 2 must be face-to-face to be eligible to be counted towards Accreditation i.e. no Skype, Phone, Facetime or other virtual applications. 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 [6]

There must be a clear distinction between line management and clinical supervision. Therefore, for accreditation purposes, an applicant who received supervision from a line manager cannot count this towards accreditation. [7.3c]

From June 2020, a minimum frequency of monthly supervision is a requirement [7.2].

***Please also see addendum and Covid-19 guidelines**

Please Supply details of each Phase 2 supervisor: [7.3a or b or 7.3.1]

For additional supervisors, duplicate the following page and submit this with your application.

Supervisor 1

6.0	Supervisor Name							
6.1	Psychotherapy Training/Qualification							
	Date of completion							
	Psychotherapy Accreditation							
	Date of Psychotherapy Accreditation							
	Supervisor Training/Qualification							
	Date of completion							
	Supervisor Accreditation							
	Date of Supervisor Accreditation							
Period of Supervision								
6.3	Start Date					End Date		
6.4	Frequency of Supervision							
6.5	Breakdown of Supervision Hours							
	Individual Supervision Hours: [6:1, 7.2.1]							hrs
	Number of Clinical Practice hours relating to this supervision							hrs
	Group Supervision Hours: [7.2.2]							hrs
	Number of Clinical Practice hours related to this supervision							Hrs
	Number of group members: (The group should not exceed four supervisees)							
6.6	Was this supervisor your allocated training supervisor during Phase 1? [7.3.2]	Yes						No
	Did this supervisor have a significant role in your training?	Yes						No
	If yes to either above, please provide further information:							

Supervisor 1 (cont.)

6.7	Are any of the hours above non-face to face supervision?	Yes	No
	Number of hours non-face to face		Hrs.
	If you answered yes above, please outline the exceptional circumstances which arose for this to happen:		

6.8	Did you work with this supervisor in any other capacity?	Yes	No
	If yes, please provide details:		


Confirmation by Supervisor

Signature must be physically signed.	
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Section 7

7.0 Psychotherapeutic Experience as Client (Phases 1 & 2)

(Group and individual psychotherapy presented below should have been conducted by suitably accredited psychotherapists who worked from a humanistic and integrative perspective) [5, 5.1, 5.2, 5.2.1, 5.2.2, 5.2.3]

	Evidence of the hours submitted below must be included in this application for all psychotherapeutic experience.	Check
	Evidence of psychotherapeutic experience only for phase 2 required.	Check

7.1	Breakdown of Psychotherapeutic Experience as a client Overall Total Psychotherapeutic Experience as Client in Training: [3.3, 5] (Include Phase 1 and Phase 2 of training)	
7.1a	Total Phase 1 Individual Psychotherapy hours: [5.1, 5.2(i)]	
7.1b	Total Phase 1 Group Psychotherapy hours: [5.2(ii), 5.1]	
7.1c	Total Phase 2 Individual Psychotherapy hours: [5.1]	
7.1d	Total Phase 2 Group Psychotherapy Hours [5.1]	
7.1e	Other forms of psychotherapeutic experience hours: [5.1] (This may include experiential workshops and personal feedback/tutorial sessions with trainers undertaken as part of your Phase 1 Training Course)	

 If you are submitting hours in 7.1e above, you must fill out the breakdown below. Add an addendum sheet if you need extra space.

Date DDMMYY	Description – please include as much information and classification of this experience as possible.	Hrs	Facilitator/Trainer

7.2	Did you 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.)

Section 8


Continued Professional Development

(if applicable please include photocopy of certificate)


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

Professional bodies of which you are a member

(if applicable please include supporting documents)

	All certificates relating to membership of bodies mentioned on the previous page or CPD listed in Section 8 must be included with your application.	Check

Section 9 Personal Statement: [2(a)]


	9.0 Please supply a personal statement (max 1000 words) that demonstrates how you work as a Humanistic and Integrative Psychotherapist. This statement must be hand signed by the applicant.	Check

Section 10 Undertakings:

[9] (please tick the relevant boxes provided)

10.1	Do you undertake:	Yes	No
10.1.a	To abide by the Codes of Ethics & Practice of IAHIP		
10.1.b	To present yourself for re-accreditation as IAHIP requires?		
10.1.c	To commit to ongoing professional development		
10.1.d	To maintain appropriate ongoing supervision and support in accordance with IAHIP requirements		

Section 11 - Insurance

	11.0 Please supply a copy of your current Certificate of Insurance Professional Indemnity and Public Liability Insurance cover is a requirement for practicing as a psychotherapist.	Check

12.0 Applicant's Undertakings and Declaration

[2(b)] (Please print name in the box provided)

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apply for accreditation by IAHIP. I agree to abide by its Memorandum & Articles of Association, its Codes of Ethics and Practice, and to comply with its Complaints Procedures. I agree to remain covered by insurance against professional indemnity and public liability risks in my practice.

I have not been debarred by any organization for professional misconduct and agree to notify IAHIP should I become aware of any reason why I may be subject to such an investigation in the future.

I agree to uphold all IAHIP members, staff and its affiliated organisations within the profession of Psychotherapy with the upmost dignity, respect, and consideration, and I agree to treat all peers with courtesy in the manner advocated within the humanistic and integrative ethos.

I certify that the foregoing information is correct, and I understand that any false or misleading statement made on this form or in any part of the application process, or failure to disclose information relevant to this application, may result in my affiliation with IAHIP being rejected and/or any accreditation awarded being rescinded.


The committee reserve the right to seek clarify when the submitted information is unclear and until we receive this clarify will not sign off.

Signed:	
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(Note: a Digital Signature is not acceptable)

Date			
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Letter of Support

<p>13.0</p> 	<p>Please provide a letter of support from a professional colleague.</p> <p>This does not necessarily have to be a psychotherapist, but it should be someone familiar with how you conduct yourself in the professional arena.</p> <p>This letter may not be from a Trainer from your Professional Training Course and must comply with Code of Ethics provided by IAHIP.</p>	<p>Check</p> <input data-bbox="1279 607 1382 692" type="checkbox"/>
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Application Process

In submitting this application, I understand that:

The Accreditation Committee is made up of volunteers and will endeavour to process my application as speedily as possible. It is the responsibility of the applicant to supply only relevant information and to complete the application form in full. Failure to do this may cause unnecessary delay to process the application.

The Accreditation Committee reserves the right, where it believes that a personal meeting with any applicant might assist them in processing, to call that person for a meeting with some or all members of the Committee. [2.1(iv)]

Signed:	
Date	