

**PRE-ACCREDITED ASSOCIATE APPLICATION FORM**

<b>First Name(s)</b>	
<b>Surname</b>	
<b>Date of Birth</b>	
<b>Address</b>	<hr/> <hr/> <hr/> <b>Postcode</b> <hr/>
<b>Email Address</b>	<hr/>
<b>Phone number</b>	<hr/>
<b>Date of Application</b>	<hr/>

Please [click here](#) for Application fee.

If applying for Pre-Accredited Associate membership after the 1<sup>st</sup> July the application fee is reduced by 50%.

**All memberships renew on January 1<sup>st</sup> each year.**

Please see **Bye Law 4, clause 4** for criteria relevant to Pre-Accredited Associate Membership of IAHIP

**Declaration**

- I have the intention of becoming a fully accredited member of IAHIP Ltd.
- I am practising as a humanistic and integrative psychotherapist under regular IAHIP-approved supervision, (see **Bye Law 11, clause 7**).

Name of Accredited Supervisor \_\_\_\_\_

Accrediting Body of Supervisor \_\_\_\_\_

- I am covered by a policy of insurance for professional indemnity risks and a copy of this schedule of current insurance is attached with this application.
- I have graduated from a psychotherapy training course which meets all the requirements of Phase 1 of psychotherapy training specified by Bye Law 11 as necessary for eventual accreditation and membership of the Association.
- I have enclosed a copy of my graduation certificate.

Name of Training Organisation \_\_\_\_\_

Name of Course \_\_\_\_\_

Date of Graduation \_\_\_\_\_

- I consent to be governed by the Code of Ethics and Practice and be subject to the Complaints Procedure as if an Accredited Member.
- I have provided recommendations from my current supervisor.
- I understand that in the event of a complaint against Pre-Accredited Associates, IAHIP Ltd will use its discretion whether to implement the Complaints Procedure.

Signature of Applicant \_\_\_\_\_

**Section for Signature of Supervisor**

I confirm that I am the supervisor of

APPLICANT'S NAME: \_\_\_\_\_ and that the supervision I provide

conforms with the current requirements of IAHIP (see **Bye Law 11, Clause 7.3**). I recommend the applicant as a Pre-Accredited Associate with IAHIP.

Name: \_\_\_\_\_ Accrediting Body \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please tick the box relating to your payment type:**

ONLINE (**click here to access online payment link**)

POSTAL ORDER

CHEQUE

**Please send completed Forms, copy of graduation Certificate, and fee (if not paying online) to: IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co. Dublin.**