

**National Association for Pastoral Counselling and
Psychotherapy
Senior House
All Hallows College
Drumcondra
Dublin 9**

Telephone/Fax/Voice Mail: 01 8040137 Mobile: 087 243 3737

Email: info@napcp.ie www.napcp.ie

Application for

Five Year Renewal of

Accredited Membership

Dear Colleague,

In accordance with Clause XI of the NAPCP Code of Ethics, members are required to apply for renewal of Accreditation of the Association every five years.

Clause X states: compliance with the following conditions is necessary for those who wish to retain Membership of the Association:

- a) Fees must be paid in full in January of each year.
- b) Members must uphold, support and conform to the articles of this Constitution and to the Code of Ethics of NAPCP
- c) Members are required to attend in-service development, training, workshops and/or conferences on a regular basis.
- d) Members must have regular supervision and may be asked by the supervisor to discontinue professional practice when it is deemed necessary for the member to do so in the interest of the member's client or clients, or in the interest of the member him/herself.

As your five year renewal of Accreditation becomes due shortly, this is a reminder of requirements for renewal.

The fee for renewal of Accreditation is €100.00. Evidence of CPD (Continuous Professional Development) i.e. training and attendance at workshops is required.

The Secretariat
NAPCP
Senior House
All Hallows College
Dublin 9

As my five year NAPCP Certificate of Accreditation as a Counsellor _____

Psychotherapist _____ expires on _____

I wish to apply for renewal of Accredited Membership of the NAPCP for the next five years.

Name _____ Date _____

Address _____

Telephone _____ Fax _____ email _____

I wish to state that I have:

- a) Paid my annual fees in full in January of each year
- b) I uphold, support and conform to the articles of the Constitution and to the Code of Ethics of NAPCP.
- c) I enclose copies of in-service development, training, workshops and/or conferences which I have attended over the past five years.
- d) I enclose Supervisor's Report
- e) I enclose fee €100.00

Supervisor's Report

This report must accompany the applicant's request for renewal of accreditation with the National Association for Pastoral Counselling and Psychotherapy.

Supervisor's Name _____

Address _____

Telephone _____ **Fax** _____ **email** _____

Qualifications _____

Professional Membership of other organisations _____

Number of years counselling _____

Number of years supervising _____

Supervision Course done _____

Applicant's Name _____

Address _____

Telephone _____ **Fax** _____ **email** _____

1. I have been supervising this client from: _____ **to** _____

Individually from _____ **to** _____

Group from _____ **to** _____

Frequency of sessions **Weekly** _____ **two-weekly** _____ **monthly** _____

2. Method of supervision: Review of case notes/ oral reports/ tapes/ videos

- 3. In your opinion does the applicant have the competence, insight and discipline to continue to practise as a professional counsellor/psychotherapist?**

- 4. Do you know of any reason why this applicant should not be accepted for re-accreditation by N. A. P. C. P.?**

I confirm that I have read the supervisee's application form, which, to the best of my knowledge, is correct.

Signature of Supervisor _____ Date _____