



National Association for Professional
Counselling and Psychotherapy

**National Association for Professional Counselling and
Psychotherapy**
**Merchamp House,
Vernon Avenue, Clontarf, Dublin. 3.**

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

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

Application for

Accredited Membership

Accredited Membership Fees

Fees Scale

Full Accredited Membership	€170.00 (per annum)
Process of Accreditation	€120.00

Pre-Accredited membership is a requirement for application for Accredited Membership

Please make cheques, money orders, payable to:

**The Secretary, NAPCP
Merchamp House
Vernon Ave, Clontarf
Dublin 3**

Please do not send cash

In order to complete the process of accreditation, you are required to acknowledge that you have read the rules and regulations and agree to abide by the Code of Ethics of NAPCP.

Signed _____ **Date** _____

Accredited Member Application Form

Section 1

PERSONAL DETAILS

Surname _____

First Name _____

Date of Birth _____

Postal Address _____

Telephone: Home _____ Work _____

Email _____

Principal Occupation _____

TRAINING

Basic Course _____

Training Institute _____

Entry Requirements _____

Method of Assessment _____

Course Title _____

Course Training Staff and Qualifications (Faculty Brochure)

Course Content (Please submit full details of course content, syllabus, etc, if not accredited by NAPCP.)

Date of commencement of course _____

Date completed _____

Part time _____ **Full time** _____

Qualification received (please submit photocopies of parchments)

Skills Training:

Number of Hours _____ **Method used (Role play, feedback,** _____

Course Orientation (Person-centred/Process-oriented, etc.) _____

Supervision during training: _____ (requirement: 100 hours client work. 20 hrs. supervision). **Supervisor's evaluation** _____

Post graduate Supervision (requirement: 450 client hours) _____

Supervisor's Report _____

Supervisor for post graduate supervision may not be the same supervisor as for training.

Evaluation for individual placement during training

Counsellor _____ Date _____

Agency (Centre) _____ Time Period Covered _____

Supervisor _____

Key:

- | |
|--------------------------|
| (1) Exceeds Standard |
| (2) Meets Standard |
| (3) Requires Improvement |
| (4) Not observed |

1. Personal Qualifications

	1	2	3	4
a) Makes empathic responses				
b) establishes and sustains a professional relationship with client				
c) respects the rights of clients				
d) accepts the responsibility for the pressure of the relationship with his/her clients				
e) exhibits self-awareness				

2. Knowledge and use of counselling principles

a) Identifies the presenting problem				
b) distinguishes between the presenting problem and the basic problem				
c) recognises and applies principles of counselling				
d) recognises and accepts the area most accessible to the client				
e) focuses on the significant thread with which the client is concerned				

3. Knowledge of clients

a) obtains and applies significant data on client				
b) understands the significance of essential data				
c) formulates a diagnostic impression				
d) establishes therapeutic goals and predicts possible outcomes				

4. Knowledge of Professional Ethics

	1	2	3	4
a) interprets and maintains a counsellor role with clients				
b) accepts differences of standards and values of the client				
c) respects the confidentiality of the counselling relationship				

5. Supervisability

a) presents case material as requested				
b) accepts supervision				
c) utilises supervision for the development of his/her counselling skills				
d) follows up supervisory recommendations				

6.Recommendations:

a) Academic

b) Professional Competence

c) Other

7. Overall rating:

1. Exceeds standard _____

2. Meets standard _____

3. Requires improvement _____

Supervisor's Signature _____

Counsellor's Signature _____ Date _____

Supervisor's Report

This report must accompany the applicant's request for accredited membership with the National Association for Professional Counselling and Psychotherapy.

Supervisor's Name _____

Address _____

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

Qualifications _____

Professional Membership of other organisations _____

Number of years counselling _____

Number of years supervising _____

Applicant's Name _____

Address _____

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

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

Frequency of sessions: Weekly _____ bi-weekly _____ monthly _____

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

3. Is the counsellor sufficiently qualified and experienced to become an accredited member of N. A. P. C. P.?

4. What is the applicant's basic counselling/psychotherapy orientation?

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

6. Indicate what you feel makes this applicant a competent counsellor/ Psychotherapist?

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

8. Comments: _____

9. Signature of Supervisor _____

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