

**Application for Pre-Accredited Membership**  
To be completed by the applicant

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Qualification received \_\_\_\_\_

College Attended \_\_\_\_\_

Date received \_\_\_\_\_

Number of counselling hours completed during course \_\_\_\_\_

Number of supervision hours completed during course \_\_\_\_\_

I give NAPCP permission to verify this information with my college

**Fee: Annual Pre-Accredited Membership: €100.00 plus one-off Processing Fee €30**  
Please pay by PayPal on our website

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

Please email to [info@napcp.ie](mailto:info@napcp.ie) in one email thank you.