

NAPCP
Merchamp House
Vernon Avenue, Clontarf, Dublin 3.
Phone: 01 8040137 Mobile: 087 243 3737
Email: info@napcp.ie www.napcp.ie



National Association for Professional
Counselling and Psychotherapy

Application for Renewal of NAPCP Accreditation

1. PERSONAL DETAILS

Name _____ Membership No _____

Address _____

Telephone _____ Mobile _____

Email _____ Website _____

2. CURRENT ACCREDITATION

Current accreditation certificate expiry date (*month, year*) _____ / _____

3. CURRENT COUNSELLING/PSYCHOTHERAPY PRACTICE

In the space below, please describe your professional role and work setting, also outlining how you practice as a psychotherapist/counsellor.

Have you ever been refused accreditation by another professional body? Yes / No

Have you ever had your accreditation withdrawn by another professional body?

Yes / No

4. SUPERVISION

Supervision requirements for accredited members are as follows:

Ratio of supervision to client hours –

- First time accredited counsellors must have one hour of supervision for every 20 hours of client work (i.e. ratio of 20:1).
- Applicants applying for re-accreditation, who have five or more years' experience, must have one hour of supervision for every 30 hours of client work (ratio of 30:1).
- Minimum 12 hours per year i.e. once a month

Methods of supervision –

A) For counsellors accredited for more than five years:

1:1 with an accredited supervisor (at least 25% of total hours) and
Group Supervision (up to 75% of total hours)

B) For counsellors accredited for more than ten years:

1:1 with an accredited supervisor (at least 25% of total hours)
The remainder may consist of Peer Supervision (up to 25% of total hours)
and Group Supervision

Note: Peer Supervision must be made up of 4 counsellors who have been accredited for more than ten years. Each peer supervisor must sign the supervision log.

You will find the Supervisor's Report at the back of your application form (pages 6&7). The report should be completed and signed by your current individual or group supervisor/s. If you have had more than one supervisor during the five-year period, please photocopy the Supervisor's Report and return all completed reports with your application.

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5. CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

An average of 30 hours per year of Continuing Professional Development is required (i.e. a total of 150 hours over each five-year period).

- In the past, acceptable forms of CPD largely focused on attendance at workshops, seminars etc., but NAPCP have now set out guidelines of other forms of CPD that are also acceptable. CPD may come from any of the eleven categories listed overleaf.
- Where possible, hours claimed should be supported by copies of attendance certificates or other proof of completion e.g. presentation slides, copy of book review etc.
- The hours reported must be drawn from at least three of these categories, though they may be drawn from a larger number of categories or even from all eleven categories.

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	CPD Activities	CPD hours - 5 years
1.	Attending conferences/workshops/lectures/seminars/reading groups or other shared learning environments that address counselling/psychotherapy theory and practice	
2.	Attending workshops/courses related to the business of counselling/psychotherapy (particularly relevant to those who are self-employed)	
3.	Undertaking online training modules related to counselling/psychotherapy	
4.	Continuing education (higher education courses relevant to counselling/psychotherapy)	
5.	Engaging in activities for or on behalf of a profession-related committee e.g. membership of Governing Body, committee work etc.	
6.	Giving a lecture or seminar on a course or a presentation at a conference/workshop which directly relates to counselling and psychotherapy theory or practice (includes preparatory work, research etc.)	
7.	Reviewing a book or article relevant to counselling/psychotherapy	
8.	Writing and publishing articles or books relating to counselling/psychotherapy	
9.	Experience of mentoring a member of staff in a counselling/psychotherapy context	
10.	Working as a trainer in the field of psychotherapy, or in related fields that call for psychotherapeutic skills	
11.	Engaging in self-care, and/or self-reflective activities e.g. meditation, yoga, mindfulness, personal therapy, reflective journaling. <i>(Maximum average of 5 hours per year, i.e. maximum total of 25 hours over the five-year period.)</i>	
	Total No. CPD hours over 5-year accreditation cycle	

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INSURANCE

Professional Indemnity Insurance is required for NAPCP membership. Please quote the Policy Number and Name of Insurer below.

6. APPLICATION CHECKLIST

Please ensure that all documentation is present in your application

- | | |
|--|--|
| Application form | <input type="checkbox"/> |
| Application fee €100 (payment by cheque or PayPal only)
(see our website www.napcp.ie for PayPal) | <input type="checkbox"/> |
| Supervisor's report | <input type="checkbox"/> |
| CPD report with supporting evidence | <input type="checkbox"/> |
| Confirmation that annual fees have been paid | Yes <input type="checkbox"/> No <input type="checkbox"/> |

7. DECLARATION

I, _____ wish to apply for renewal of Accredited Membership of the NAPCP for the next five years. I uphold, support and conform to the NAPCP Articles of Constitution and Code of Ethics.

Signed: _____ Date: _____

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Application for Renewal of Accreditation

Supervisor's Report

(This report must accompany the applicant's request for renewal of accreditation)

Supervisor's Name _____

Address _____

Telephone _____ Email _____

Qualifications _____

Professional membership of other organisations _____

Number of years counselling _____

Number of years supervising _____

Supervision course completed _____

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Applicant's Name _____

a) I have been supervising the above named client from: _____ to _____

Individually from _____ to _____

Group from _____ to _____

Frequency of sessions: weekly _____ two-weekly _____ monthly _____

b) Method of supervision: Review of case notes/ oral reports/ tapes/ videos

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

Yes No

If no, please give reasons why _____

d) Do you know of any reason why this applicant should not be accepted for re-accreditation by NAPCP? Yes No

If yes, please give reasons why _____

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

Signature of Supervisor _____ Date _____