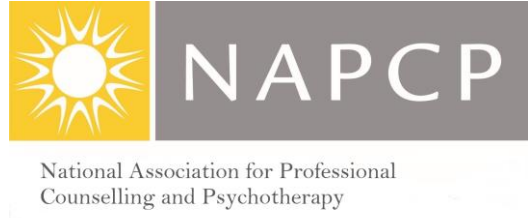


NAPCP
77 Lower Camden Street
Dublin
D02 XE80
Phone: 087 243 3737
Email: info@napcp.ie www.napcp.ie



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Have you ever had your accreditation withdrawn by another professional body?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

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National Association for Professional
 Counselling and Psychotherapy

Continuing Professional Development An average of 30 hours per year of Continuing Professional Development is required by NAPCP (i.e. a total of 150 hours over each five-year period). Please complete the following and provide evidence of same to your supervisor who will verify.

	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>	
12.	Supervision – maximum of 6 hours per year	
	Total No. CPD hours over 5-year accreditation cycle	

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INSURANCE

Professional Indemnity Insurance is required for NAPCP membership. Please provide your insurance carrier and policy number.

Private insurance _____

Organisation Insurance _____

(Please note: If you are insured through the organisation you work for, you must have separate private insurance for work you do privately. In this case, please include both above).

4. APPLICATION CHECKLIST

Please ensure that all documentation is present in your application

Application form

Application fee €100 (payment by cheque or PayPal only)
(see our website www.napcp.ie for PayPal)

Supervisor's report

Confirmation that annual fees have been paid Yes No

5. 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: _____



Application for Renewal of Accreditation

Supervisor's Report

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

Supervisor Details

Supervisor's Name _____

Address _____

Phone _____ Email _____

Qualifications _____

Supervisor Accreditation Yes No

Professional body _____

Number of years counselling _____

Number of years supervising _____

Supervision course completed _____

Supervisee Details

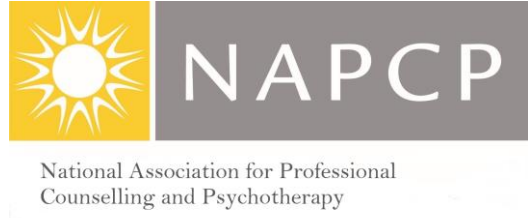
Applicant's Name _____

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

Individually from _____ to _____

Group from _____ to _____

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

Hours of supervised client work completed by the above _____

Supervision hours completed _____

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 _____

e) Have you verified that the supervisee has completed the annual CPD requirement of 30 hours and shown evidence of same? Yes No

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

Signature of Supervisor _____ Date _____