

Application for Renewal of NAPCP Accreditation

1. PERSONAL DETAILS

Surname _____ First Name _____

Address _____

Phone _____ Membership No _____

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Have you ever had your accreditation withdrawn by another professional body?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

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, adding the number of CPD hours for the relevant activity. Your supervisor will verify you have completed same.

	CPD Activities	CPD hours
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	

INSURANCE

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

Private insurance carrier: _____ **Policy number:** _____

Organisation insurance carrier: _____ **Policy number:** _____

(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 | <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(s) covering 5 years | <input type="checkbox"/> |
| Confirmation that annual fees have been paid | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

Name _____

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

Individually from _____ to _____

Group from _____ to _____

Ratio of supervision to client hours:

For accredited counsellors: ratio of 20:1

For accredited counsellors with 5 or more years of experience: 30:1

Minimum 12 hours per year (i.e., once a month).

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

Hours of supervised client work completed by the supervisee _____

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

I confirm that I have read the supervisee's application form, which is, to the best of my knowledge, correct. I confirm that the supervisee has completed the annual CPD requirement and shown evidence of same.

Signature of Supervisor _____ Date _____