Phone: 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	
Surname	_ First Name
Address	
Phone	Membership No
Email	Website
2. CURRENT ACCREDITATION	
Current accreditation certificate expiry date	e (month, year)/
3. CURRENT COUNSELLING/PSYCHOTHER	APY PRACTICE
In the space below, please describe your pr how you practice as a psychotherapist/cour	ofessional role and work setting, also outlining nsellor.
	·

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 Yes / No Have you ever had your accreditation withdrawn by another professional body?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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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
	CPD Activities	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).	
_	Engaging in activities for an an habilit of a profession related committee of a	
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. (Maximum average of 5	
	hours per year, i.e. maximum total of 25 hours over the five-year period.)	
12.	Supervision – maximum of 6 hours per year	
	Total No. CPD hours over 5-year accreditation cycle	

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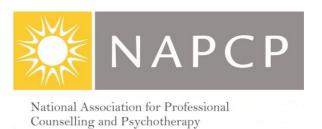
INSURANCE

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

Private insurance carrier:	Policy number:		
Organisation insurance carrier:	Policy number:		
(Please note: If you are insured through the organisate separate private insurance for work you do privately. above).	•		
4. APPLICATION CHECKLIST			
Please ensure that all documentation is present in y	our application		
Application form			
Application fee €100 (payment by cheque or PayPal c (see our website www.napcp.ie for PayPal)	only)		
Supervisor's report(s) covering 5 years			
Confirmation that annual fees have been paid	Yes No		
5. DECLARATION			
I,, wish to apply for re NAPCP for the next five years. I uphold, support a 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 Details	
Supervisor's Name	
Address	
Phone Email	
Qualifications	
Supervisor Accreditation Yes No Professional body	
Number of years counselling	
Number of years supervising	<u>-</u>
Supervision course completed	<u>-</u>
Supervisee Details	
Name	
a) I have been supervising the above-named supervisee from:	to
Individually from to	
Group from to	

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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 ye	ar (i.e., once a	ı month).			
	Frequency of sessions:	weekly	two-weekly	monthly		
	Hours of supervised client	work comple	ted by the supervis	ee		
	Supervision hours comple	ted	-			
b)	Method of supervision: Re	view of case r	notes/ oral reports/	tapes/ videos		
c)	In your opinion, does the a to practise as a profession		•	sight and discipline to contin	лe	
	Yes	No _]			
If r	no, please give reasons why					
					_	
d)	Do you know of any reason by NAPCP?			e accepted for re-accreditation	วท	
If y	yes, please give reasons wh	y				
_						
kn	onfirm that I have read the lowledge, correct. I confirm quirement and shown evide	that the supe	• •			
Sig	gnature of Supervisor		Da	te		