

## ***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.

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Have you ever had your accreditation withdrawn by another professional body?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

	<b>CPD Activities</b>	<b>CPD hours</b>
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	
	<b>Total No. CPD hours over 5-year accreditation cycle</b>	

## 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
- Application fee €60 (payment by cheque or PayPal only)  
(see our website [www.napcp.ie](http://www.napcp.ie) for PayPal)
- Supervisor's report(s) covering 5 years
- 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 three 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 \_\_\_\_\_

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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

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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 \_\_\_\_\_