

NAPCP
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National Association for Professional
Counselling and Psychotherapy

Application for Accredited Membership

Accredited Membership Fees

Process of Accreditation
Full Accredited Membership

€80.00 to be paid with application
€170.00 (per annum) to be paid when approved

The preferred method of payment is PayPal. Please visit our website. Alternatively, you can pay by cheque - payable to NAPCP.

In order to complete the process of accreditation, you are required to acknowledge that you have read the rules and regulations and agree to abide by the Code of Ethics of NAPCP.

You are also required to obtain Garda Vetting through the NAPCP when applying for NAPCP Accreditation.

Signed _____ **Date** _____

Please note: In the exceptional circumstances where you may have had more than one supervisor, please ensure that you include reports from all Supervisors with your application. In the event that you are unable to provide such reports, please detail reasons in a cover letter.

Section 1

PERSONAL DETAILS

Surname _____ First Name _____

Date of Birth _____

Address _____

Phone: _____ Email _____

Principal Occupation _____

TRAINING

Course Title _____

Training Institute _____

Entry Requirements _____

Method of Assessment _____

Course Training Staff and Qualifications (Faculty Brochure)

Course Content (if your course is not accredited by NAPCP, please submit full details of course content, syllabus, etc. Please refer to the section “Non-recognised course criteria” in our document [Criteria for Accreditation https://www.napcp.ie/wp-content/uploads/2020/07/Criteria-for-Accreditation.pdf](https://www.napcp.ie/wp-content/uploads/2020/07/Criteria-for-Accreditation.pdf))

Date of commencement of course _____

Date completed _____

Part time _____ Full time _____

Qualification received (please submit photocopies of parchments)

Skills Training number of hours _____

Theory number of hours _____

Method used (Role play, feedback) _____

Course Orientation (Person-centred/Process-oriented, etc.) _____

Self-development number of hours _____

Personal Therapy (individual) during training number of hours _____

Supervision during training: _____ (requirement: 100 hours client work. 20 hours supervision).

Post graduate client hours completed (requirement: 450) _____

Supervision hours completed (requirement: 45) _____

Supervisor for post graduate supervision may not be the same supervisor as for training.

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).

General Education

Please submit a list of all courses and workshops taken, whether relevant to the Counselling/ Psychotherapy profession or not:

Date	University/ Training Institute	Course Title	Qualification

Evaluation for individual placement during training

(Not required if completed at Pre-Accreditation stage). Alternatively, a copy of your signed Supervisor's report for placement hours (100 hours) during training, (as submitted to your course provider) can be submitted, provided it contains information required in this section.

Counsellor _____ Date _____

Agency (Centre) _____ Time Period Covered _____

Supervisor _____

Number of counselling hours completed _____

Number of supervision hours completed _____

Key:

- | |
|--------------------------|
| (1) Exceeds Standard |
| (2) Meets Standard |
| (3) Requires Improvement |
| (4) Not observed |

1. Personal Qualifications

	1	2	3	4
a) Makes empathic responses				
b) establishes and sustains a professional relationship with client				
c) respects the rights of clients				
d) accepts the responsibility for the pressure of the relationship with his/her clients				
e) exhibits self-awareness				

2. Knowledge and use of counselling principles

a) Identifies the presenting problem				
b) distinguishes between the presenting problem and the basic problem				
c) recognises and applies principles of counselling				
d) recognises and accepts the area most accessible to the client				
e) focuses on the significant thread with which the client is concerned				

3. Knowledge of clients

a) obtains and applies significant data on client				
b) understands the significance of essential data				
c) formulates a diagnostic impression				
d) establishes therapeutic goals and predicts possible outcomes				

4. Knowledge of Professional Ethics

	1	2	3	4
a) interprets and maintains a counsellor role with clients				
b) accepts differences of standards and values of the client				
c) respects the confidentiality of the counselling relationship				

5. Supervisability

a) presents case material as requested				
b) accepts supervision				
c) utilises supervision for the development of his/her counselling skills				
d) follows up supervisory recommendations				

6.Recommendations:

a) Academic

b) Professional Competence

c) Other

7. Overall rating:

1. Exceeds standard _____

2. Meets standard _____

3. Requires improvement _____

Supervisor's Signature _____

Counsellor's Signature _____ Date _____

Section 2

Post Graduation Supervision

Four hundred and fifty hours (450) of supervised client work from date of graduation is required. Where possible, input from a second supervisor is advised.

The supervision ratio is 1:10 e.g., for every ten hours of client counselling/psychotherapy, you are required to have one hour of supervision.

Supervisor during training may not be the same supervisor as for post graduate supervision.

Date	Number of client hours	Supervision Hours	Supervisor's Name

Supervised Client Hours

Date	Number of client hours	Supervision Hours	Supervisor's Name

Date	Number of client hours	Supervision Hours	Supervisor's Name

Date	Number of client hours	Supervision Hours	Supervisor's Name

Supervisor's Report

This report must accompany the applicant's request for accredited membership with the National Association for Professional Counselling and Psychotherapy.

Supervisor's Name _____

Address _____

Telephone Number _____ email _____

Qualifications _____

Supervisor Accreditation Yes No

Professional body _____

Number of years counselling _____

Number of years supervising _____

Supervisee's Name _____

1. I have been supervising this supervisee from: _____ to _____

Frequency of sessions: Weekly _____ bi-weekly _____ monthly _____

2. Hours of supervised client work completed by the supervisee _____

Supervision hours completed (requirement ratio: 10/1) _____

3. Method of supervision: review of case notes/oral reports/tapes/videos

4. Is the applicant sufficiently qualified and experienced to become an accredited member of NAPCP? Yes No

5. What is the applicant's basic counselling/psychotherapy orientation?

6. In your opinion does the applicant have the competence, insight and discipline to practise as a professional counsellor/psychotherapist? Yes No

**7. Indicate what you feel makes this applicant a competent Counsellor/
Psychotherapist?**

8. Do you know of any reason why this applicant should not be accepted for accreditation by NAPCP? Yes No

If no, please give reason _____

9. Any further relevant comments or observations:

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

Signature of Supervisor _____ **Date** _____