

**IRISH ASSOCIATION OF HUMANISTIC AND INTEGRATIVE  
PSYCHOTHERAPY**

**Pre-Accredited Membership / Application and Declaration**

<b>Applicant Name:</b>	First Name .....
	Second Name .....
<b>Mailing Address:</b>	..... ..... .....
<b>E-Mail Address:</b>	.....
<b>Home Telephone Number</b>	.....
<b>Work Telephone Number</b>	.....
<b>Date of Application:</b>	.....
<b>*Subscription Enclosed:</b>	<b>€100.00</b> Pre-Accredited Associate
	<i>*To cover period 1<sup>st</sup> January 2008 – 31<sup>st</sup> December 2008</i>
	<i>If applying after 1<sup>st</sup> July 2008 please send half-year fee of €50.00</i>
	<b><u>All memberships renew on January 1<sup>st</sup> each year.</u></b>

Application for pre-accredited associate is open to those who declare to the Company the following:-

- I have the intention of becoming a fully accredited member of IAHIP LTD
- I am practising as a humanistic and integrative psychotherapist under regular IAHIP-approved supervision, (see note (d)). I am covered by a policy of insurance for professional indemnity risks.

Name of Supervisor .....Accrediting Body .....

Name of Applicant's Insurance Company .....

Policy No. .... Renewal Date of Policy .....

Completed Forms to be sent to: IAHIP, 44 Northumberland Avenue, Dun Laoghaire, Co Dublin.

- I have graduated from a psychotherapy training course and have enclosed a copy of the graduation certificate.

Name of Course or Training Centre .....

Date of Graduation .....

- I consent to be governed by the Code of Ethics and Practice and be subject to the Complaints Procedure as if an Accredited Member.
- I have provided statements from an Accredited Member of IAHIP Ltd and from my current supervisor.
- I understand that as I am not an accredited member whose training and practice has been assessed and approved by IAHIP LTD, nothing shall oblige IAHIP LTD to respond to or deal with any complaint against me or to initiate the Complaints Procedure. In the event of a complaint against me as a pre-accredited associate, IAHIP LTD will use its discretion whether to implement the Complaints Procedure.

Signed .....

(a) Acceptance of a person as a pre-accredited associate shall not be construed in any way as pre-empting the eventual decision of IAHIP LTD regarding their suitability for accreditation. Pre-accredited associates may NOT represent themselves as Accredited Members of IAHIP nor use the letters IAHIP LTD as part of their advertising material or stationery.

(b) If the pre-accredited associate does not apply for accreditation within 5 years of their completion of their training, associate status will lapse.

© Pre-accredited associates shall have the following rights:

- They attend AGMs and EGMs without voting rights
- They will be on a selected mailing list
- They will receive the IAHIP Newsletter and Journal *Inside Out*.
- They will be notified of selected events, seminars, workshops, lectures etc being organised by IAHIP.
- They will receive discount on fees for attendance at such events.

(d) IAHIP currently requires that pre-accredited associates receive regular supervision on a one to one basis or in a group of no more than three from a supervisor who:-

Is accredited by IAHIP or another psychotherapy/counselling association

and

Pursues their own practice from a humanistic and integrative perspective, or is sufficiently familiar with and sympathetic towards humanistic and integrative psychotherapy as to be able to provide supervision in a way that is congruent with the supervisee's professional orientation as a humanistic psychotherapist;

has at least five years' experience of being supervised on a regular basis on their own client practice.

**Section for Signature of Supervisor**

I confirm that I am the supervisor of .....

and that the supervision I provide conforms with the current requirements of IAHIP (see note (d) on the application form).

Name: .....

Accrediting Body: .....

Signed: .....

Date: .....

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**Section for Accredited Member of IAHIP Signature**

APPLICANTS NAME .....

a) I confirm that I am an accredited member of IAHIP

b) that the person named above is known to me so that to the best of my knowledge the applicant's statements made in the application form are true.

Name: .....

Signed: .....

Date: .....