

**IRISH ASSOCIATION OF HUMANISTIC &
INTEGRATIVE PSYCHOTHERAPY LIMITED**

Application form for following category of membership: Student Associate

PERSONAL DETAILS	
Surname
Forename
Address
Telephone Number (Daytime)
E-Mail Address
Date of Application

DECLARATION

I apply for membership of IAHIP Ltd as a Student Associate and I consent to be governed by the Code of Ethics and Practice. I have supplied the information as requested on the attached sheet namely:

- 1) Confirmation of Student Status
- 2) Annual Subscription €50.00 (January 1st 2010– 31st December 2010)
- 3) If applying after 1st July 2010 please send half-year fee of €25.00 (up until December 2010)

Please return the above to :- Hon. Secretary & Membership Secretary
IAHIP Ltd, 44 Northumberland Avenue, Dun Laoghaire, Co Dublin

4.4 **Student Associates**

4.4.1 Application for the category student associate is open to students pursuing a course in psychotherapy who

- (i) supply a letter of confirmation of student status from their training programme.
- (ii) agree to abide by the Code of Ethics and Practice of IAHIP Ltd. As IAHIP Ltd accepts that student associates are supervised by their training body and accepts no obligation or interest in the supervision of same, nothing shall oblige IAHIP Ltd to respond to or deal with any complaint made against any such student associate.

4.4.2 Acceptance of a person as a student associate shall not be construed in any way as pre-empting the eventual decision of the Governing Body regarding their suitability for accreditation. Student associates may NOT represent themselves as Accredited Members of IAHIP Ltd nor use the letters IAHIP Ltd as part of their advertising material or stationery.

4.4.3 Student associates shall have the following rights:

- They may 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.

DECLARATION FORM

I declare that I have read the above and accept the terms and conditions of student associates of IAHIP Ltd.

I enclose a letter from which confirms my student status.

Signed:

Date: