



**APPLICATION FORM FOR REGISTRATION AND ACCREDITATION
WITH COGNITIVE BEHAVIOURAL PSYCHOTHERAPY IRELAND
(CBPI)**

Please complete the enclosed pages and then ask your supervisor and referee to complete the enclosed reports. The person who acts as referee must be a different person from your supervisor and one who can account for your professional practice.

Please type referring to attached Accreditation Criteria Notes (Use additional sheets if necessary).

Name: _____ Title: Mr, Mrs, Miss, Ms, Dr. (Please Underline)

Address: _____

Telephone: _____

Email: _____

Profession: _____

Job Title: _____

Place of employment: _____

Are you applying for?

Full Accreditation

Student Membership

Criterion 1

Please list your academic and professional qualifications

E.g. core professional training, relevant first degree (please enclose a copy of your certificates)

(See below for specialist Cognitive and Behavioural qualifications)

| Dates | Qualification | Awarding Body |
|-------|---------------|---------------|
| | | |

Criterion 2 (a) Applicants applying for **accreditation** to complete **all sections**
Student/trainee members to complete **Criterion 2 (a) section (i) only**

Criterion 2a (i) Give details of length and title of specialised CBT training e.g. PG Dip CBT etc.
 Please enclose course transcript. Applicants applying for accreditation should provide copies of certificate

| Start date | Finish date | Length of course | Title of course | Awarding Body |
|------------|-------------|------------------|-----------------|---------------|
| | | | | |

Criterion 2a (ii) Please detail **theoretical training hours** of the specialist CBT course identified above
 Differentiate between taught and self directed teaching hours. Provide course transcript

| Date | Title of Modules/Lectures | Number of Hours | Teacher / lecturer |
|------|---------------------------|-----------------|--------------------|
| | | | |

Criterion 2a (iii) Details of supervised clinical practice

Give details of your cognitive behavioural placements / Clinical training during specific training course

| Placement | Number of Hours | Teacher / Supervisor |
|-----------|-----------------|----------------------|
| | | |

CRITERION 3

Please describe your current practice of cognitive behaviour psychotherapy

| Current case load and types of problems treated | Source of Referral | Clinical Hours per Week |
|---|--------------------|-------------------------|
| | | |

CRITERION 4 (Current Supervisors Report must accompany application)

Describe your current supervision and support arrangements

(E.g. regular one-to-one or group supervision. Please state duration and frequency of meetings)

| Date | Individual/Group | Name of Supervisor | Duration | Frequency of meeting | Content/Mode of supervision |
|------|------------------|--------------------|----------|----------------------|-----------------------------|
| | | | | | |

CRITERION 5 Please give details of your continuing professional development since qualification. CBPI requires a balance of CPD activities for a minimum of 50 hours per year post training

| Date | Event-Topic-Speaker | Organisational body | Hours/CPD points |
|------|---------------------|---------------------|------------------|
| | | | |

CRITERION 6. This criterion refers to a reference given by a professional referee pertaining to the applicant's current professional practice. You must provide a Professional Reference from professional person who knows about your current practice over the past year. The person you select as referee must be a different person from your supervisor (e.g. Line Manager, clinical lead, head of service or a regular referring agent etc.).

Please give details about your referee. Please state how this individual is familiar with your full professional history.

Criminal, Civil, Investigatory & Disciplinary Declarations

All applicants must answer each of the six questions below

If you check **YES** to any of the questions, you must declare the details on a separate statement and enclose with your application; you may wish to discuss this with one of the Accreditation committee in advance.

Your additional statement should be dated and signed and make a full disclosure and you may include your statement in a sealed envelope

Questions

| | |
|--|---|
| Have you ever been convicted of any criminal offence in any court in Ireland or elsewhere Which might prejudice the public's trust in you, your profession, or the CBPI, if accurately Informed about all the circumstances of the case? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you been found guilty of a civil offence | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you been refused / expelled from membership of any other professional body / Register on the grounds of professional misconduct or other professional related offences | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been the subject to any professionally related disciplinary action (which may or may not have ended in dismissal) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you currently / likely to be subjected to any criminal, civil, investigatory or disciplinary proceedings or enquiries? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| To your knowledge, have you ever been, or likely to be involved in a situation or incident likely to result in disciplinary against you as a member of the CBPI | Yes <input type="checkbox"/> No <input type="checkbox"/> |

DELIBERATELY FALSE STATEMENT CAN RESULT IN RESULT IN CANCELLATION OF YOUR MEMBERSHIP

DECLARATION

I agree that the information in this application is accurate and true. I understand that if my application is accepted I will agree and abide with the Code of Professional Conduct as outlined by the Cognitive Behavioural Psychotherapy Ireland

Name: _____

Date: _____

Signature: _____

| CHECKLIST FOR ACCREDITATION/FULL MEMBER | | Please submit documentation to |
|---|-------------|---------------------------------------|
| Description | Tick | |
| Completed application (ALL SECTIONS) | | Maria McCarron |
| A copy of photographic ID | | Radharc Na Sliabh |
| Supervisors Report (current) | | |
| Supervisors Report (Training) | | Willville |
| Course Transcript | | |
| Referees Report | | Carlingford |
| Copy of Certificates | | |
| Full Accreditation Application fee €50 | | Co Louth |
| Student/trainee application fee €20 | | |
| Annual full membership fees €150 | | A91 FK88 |
| Student/trainee membership fee €50 | | |
| Any other documentation relevant to application | | |