



**APPLICATION FORM FOR RE-ACCREDITATION AS A COGNITIVE
BEHAVIOURAL PSYCHOTHERAPIST WITH
COGNITIVE BEHAVIOURAL PSYCHOTHERAPY IRELAND (CBPI)**

Applicants Details

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

Address:

Telephone:

Email:

Profession :

Job Title:

Employment Status:

Email Address:

Please confirm that you have been awarded Full Accreditation and Re-accreditation (if applicable) and the date of the last award.

Confirmation

Date of last award

I have been awarded Full Accreditation or Re-Accreditation	Yes	<input type="checkbox"/>	
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Professional Accountability and CBT Practice

For your Current Professional Practice give details of the last year including client population and settings

Date	Professional position	Employed by (or Private Practice)	Professionally Accountable to	Clinical Setting	Client Populations	Hours Per week	Total % CBT

For your Cognitive Behavioural Psychotherapy Practice only give details of the proportion of your practice spent on Clinical Practice, Supervision, Teaching and Training, Consultation and other activities and give a summary of your current CBT Practice

Clinical Practice	%=	
Receiving Supervision	%=	
Providing Supervision	%=	
Receiving Training	%=	
Providing Training	%=	
Consulting	%=	
Other (State)	%=	
Summary of and Additional Comments on current CBT practice		

CBT Clinical Supervision

Summarise your CBT clinical supervision and support arrangements for the last 5 years; include your ongoing current arrangements

Continual Professional Development (CPD) Activities

Please provide a brief summary of your CPD activities and include your Log Book for the past 5 years since Full Accreditation / last Re-accreditation was granted. The Log Book should provide evidence of at least 50 hours of CPD activity per year. Please include supporting evidence (copies only, do not include originals). **See Criterion 5 of Accreditation Criteria for examples of evidence**

Criminal, Civil, Investigatory & Disciplinary Declarations

All applicants must answer each of the six questions below

If you tick 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 Membership 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 NACBT, 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 NACBT	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

DELIBERATELY FALSE STATEMENTS CAN RESULT IN CANCELLATION OF YOUR MEMBERSHIP

DECLARATION:

I am a member of the CBPI, and I adhere to the Standards and Conduct, Performance and Ethics in the Practice of Cognitive and Behavioural Psychotherapy

I agree to the aims of the Association and I will agree and abide with the Code of Professional Conduct as outlined by the Cognitive Behavioural Psychotherapy Ireland

The information contained in this application and any accompanying papers is accurate to the best of my knowledge

Name: _____

Date: _____

Signature: _____

PLEASE ENSURE THAT YOU SIGN HERE. YOUR SIGNATURE IS REQUIRED IN ORDER TO PROCESS YOUR APPLICATION. IF YOU HAVE NOT SIGNED THIS FORM IN THE APPROPRIATE BOXES IT WILL BE RETURNED TO YOU TO SIGN

The accreditation committee reserves the right to seek further information from relevant parties to the application

CHECKLIST FOR RE-ACCREDITATION		Return all documentation to:
Description	Tick	Maria McCarron Radharc Na Sliabh Willville Carlingford Co Louth, A91 FK88
Completed application form	<input type="checkbox"/>	
Re-Accreditation fee €20	<input type="checkbox"/>	
Enclosed CPD Log Book	<input type="checkbox"/>	
Certificates/Evidence of CPD activities (Copies)	<input type="checkbox"/>	
Clinical Supervisors Report	<input type="checkbox"/>	
Any other documentation relevant to application	<input type="checkbox"/>	