



**APPLICATION FORM FOR PRE-ACCREDITATION AND FULL 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 USE BLOCK CAPITALS WHILE COMPLETING THIS FORM referring to attached Accreditation Criteria Notes (Use additional sheets if necessary).**

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**Name:** \_\_\_\_\_ **Title:** Mr, Mrs, Miss, Ms, Dr. (Please Underline)  
**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Profession:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Place of employment:** \_\_\_\_\_

**Are you applying for:** Full Accreditation  Pre-Accreditation

**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 criterion 2 for specialist Cognitive and Behavioural Training)

Dates	Qualification	Awarding Body

**Criterion 2**

Applicants applying for **accreditation** to complete **all sections**

**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 must provide copies of certificate

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

**Criterion 2a (ii)** Please detail **theoretical training hours** (minimum 500 hours) of the specialist CBT course identified above (Please use additional sheets if needed)

Please differentiate between direct tutor and skills based hours. Please provide course transcript

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

**Criterion 2a (iii)** Please give details of **Personal /Psychotherapeutic Experience** completed during the specialist CBT course identified above. This must be a minimum of 250 hours over a 4 year part-time course

Date	Activity	Number of Hours	Method	Evaluation





**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 clinical 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**

<b>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?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you been found guilty of a civil offence</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you been refused / expelled from membership of any other professional body / Register on the grounds of professional misconduct or other professional related offences</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Have you ever been the subject to any professionally related disciplinary action (which may or may not have ended in dismissal)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are you currently / likely to be subjected to any criminal, civil, investigatory or disciplinary proceedings or enquiries?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>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</b>	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:** \_\_\_\_\_

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