

Name:

Address:

APPLICATION FORM FOR <u>PRE-ACCREDITATION</u> AND <u>FULL ACCREDITATION</u> 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).

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

Telephone:		Ema	ail:	
Profession:		Job	Title:	
Place of em	ployment:			
Are you app	olying for: Full Accreditation		Pre-Accreditation	
E.g. core profes	your academic and professional of sional training, relevant first degree (pleas for specialist Cognitive and Behavioural Trailing Qualification	se enclose a cop		
Dates	Quantication		Awarumg body	

Criterion 2

Applicants applying for accreditation to complete all sections

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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

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

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	Method	Evaluation
		Hours		

Criterion 2a (iv) Details of supervised clinical practice

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

Placement	Number of Hours	Teacher / Supervisor

Criterion 2a (iv) Give details of supervised cases during specific CBT training course (Please get training supervisor(s) to complete report(s))

Date	Type of problem treated	Supervised	Was case	Name of Training Supervisor
		hours	written up	

If the training above has provided you with the required number of training hours to meet the minimum training hours in theory and practice please proceed to criterion 3

<u>Criterion 2 (b) to be completed if the CBT specialist course identified in 2 (a) above does not meet the required total theoretical hours for accreditation</u>

All training, which includes criterion 2a above, must reach a total of 500 theoretical hours. If the applicant has less than the agreed 500 theoretical please provide details of additional cognitive behavioural therapy courses/modules attended and details of curriculum and trainers.

Please enclose a copy of relevant certificates.

(Please get your training supervisor for the above course/modules to complete a supervisors report)

Dates	From-To	Hours Theory	Hours Practice	Qualification	Awarding Body/Institution

Criterion 2 (b) Give details of supervised cases during the above courses or modules

Client Identifier	Type of Problem Treated	Supervised Hours	Was the case written up (Please tick)	Name of training supervisor

N.B. Please Note

CBT Training isn't complete until the applicant has treated 16 supervised cases and the applicant's total training hours was spread over a 4-year period.

CRITERION 3

Please describe your current practice of cognitive behaviour psychotherapy

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

about your current practice over the past year. The person you select as referee must be a from your clinical supervisor (e.g. Line Manager, clinical lead, head of service or a regular referri	•
Please give details about your referee. Please state how this individual is familiar with your history.	full professional
	_
Criminal, Civil, Investigatory & Disciplinary Declaration	S
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 are	
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 in	clude your
statement in a sealed envelope	
Questions	
questions	
Have you ever been convicted of any criminal offence in any court in Ireland or elsewhere	Yes
Which might prejudice the public's trust in you, your profession, or the CBPI, if accurately	No 🗆
Informed about all the circumstances of the case?	
Have you been found guilty of a civil offence	Yes
, , ,	No 🗆
Have you been refused / expelled from membership of any other professional body /	Yes
Register on the grounds of professional misconduct or other professional related offences	No 🗌
Have you ever been the subject to any professionally related disciplinary action (which may	Yes
or may not have ended in dismissal)	No 📙
Are you currently / likely to be subjected to any criminal, civil, investigatory or disciplinary	Yes
proceedings or enquiries?	No
To your knowledge, have you ever been, or likely to be involved in a situation or incident	Yes
likely to result in disciplinary against you as a member of the CBPI	No 📙
DELIBERATELY FALSE STATEMENT CAN RESULT IN RESULT IN CANCELLATION OF YOUR ME	:MBEK2HIP
DECLARATION	
I agree that the information in this application is accurate and true. I unde	rstand that if
my application is accepted I will agree and abide with the Code of Professi	onal Conduct
as outlined by the Cognitive Behavioural Psychotherapy Ireland	
as samiled by the committee behavioural i sychotherapy include	
Names 5 :	
Name: Date:	
Signature:	

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

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