



**FULL ACCREDITATION OR PRE-ACCREDITATION
APPLICATION FORM 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).

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-360 must be direct tutor contact 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 Therapy /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

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)		CBPI Accreditation Committee 2, Winton House (The Lighthouse Clinic) Miltonsfields Dublin Road Swords Co Dublin K67 KW54
A copy of photographic ID		
Supervisors Report (current)		
Supervisors Report(s) (Training)		
Course Transcript/Handbook		
Referees Report		
Copy of Certificates		
Accreditation Application fee €50		
Pre-Accreditation Application fee €20		
Any other documentation relevant to application		