



## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP WITH COGNITIVE BEHAVIOURAL PSYCHOTHERAPY IRELAND (CBPI)

Membership of CBPI is open to anyone with an interest in the practice and theory of behavioural and/or cognitive psychotherapy and accepts such membership does not confer any professional status or qualification.

*The benefit of being an associate member is that you can attend certain meetings and CBPI organised workshops at reduced rates. Associate membership is an excellent way to learn more about CBT in general and can be useful to people considering training in CBT. Associate membership does not accredit the person to practice CBT. CBPI expects all associate members to inform clients that they are **not** accredited by CBPI to practice CBT. Additionally associate member's names will not appear on the CBPI or ICP website*

This form is the application for associate membership. Meeting the Accreditation criteria is not a requirement for membership.

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

Address:

Telephone:

Email:

Profession :

Job Title:

Employment Status:

Email Address:

Please tick one of the core Professions below which is your main Core Profession in which you have a recognised qualification

Clinical Psychology    Mental Health Nursing    Social work    Counselling Psychology    Learning Disability Nursing

Educational Psychology    Occupational Therapy    General Practice    Psychiatric Medicine    Counselling

Other, please state:

I am also bound by the ethical code(s) of the following professional body or bodies, (e.g. PSI, IMO. An Bord Altranais, IACP etc,)

Professional Body:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please state your interest in becoming as associate member of CBPI

### 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 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 STATEMENTS CAN RESULT IN CANCELLATION OF YOUR MEMBERSHIP**

#### DECLARATION:

I wish to apply for Associate membership of CBPI and accept such membership does not confer any professional status or qualification and I will not advertise myself as a member of CBPI. I agree that the information in this application is accurate and true.

I agree to the aims of the Association and I will agree and abide with the Code of Professional Conduct as outlined by 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: \_\_\_\_\_

<b>CHECKLIST FOR ASSOCIATE</b>		<b>Please submit documentation to:</b>
<b>Description</b>	<b>Tick</b>	
Completed application form		<b>CBPI Accreditation Committee</b> <b>2, Winton House (The Lighthouse Clinic)</b> <b>Miltonsfields</b> <b>Dublin Road</b> <b>Swords</b> <b>Co Dublin</b> <b>K67 KW54</b>  <b>Phone +353 89 4468753</b>
Associate membership fee €50		
A copy of photographic ID		
Any other documentation relevant to application		