



**FULL ACCREDITATION OR PRE-ACCREDITATION
APPLICATION FORM WITH COGNITIVE BEHAVIOURAL
PSYCHOTHERAPY IRELAND (CBPI)**

Before applying to CBPI for accreditation it is important that you note the following information:

APPLICANT'S RESPONSIBILITY:

1. You, the applicant, are responsible for ensuring that an application is complete, correct and on time.
2. The onus is on the applicant to check their suitability fulfils the entry criteria for accreditation with CBPI. It is the applicant's responsibility to submit sufficient evidence as proof of meeting the criteria.
3. Applicants will be assessed on the basis of information supplied on the application form together with accompanying documentation. Therefore, do not send a copy of your Curriculum Vitae with your application.
4. It is the responsibility of the applicant to provide full and accurate information in the application and to notify CBPI of any changes or corrections made to the original application.
5. Applications must be submitted as a Hard Copy with all supporting documents by Ordinary Post. Along with your Hard Copy application you must also submit *high quality, clear* scanned / digital copies of all the forms and supporting documents on a USB memory drive/ stick. If you cannot submit scanned copies you must provide Hard Copies x4 of the application and all the supporting documents. CBPI will not undertake to do the photocopying on your behalf. CBPI will not accept or process unrequested completed application forms or supporting documents submitted by email. CBPI is unable to accept Registered Post.
6. CBPI may request verification from the issuing authority of any or all details on documentation presented. Training details requested must be provided.
7. In the light of additional information which was not available at the time of approval, an offer of accreditation may be amended or, in exceptional circumstances, withdrawn.
8. CBPI reserves the right to correct errors made in the communication of decisions and offers.
9. Do not send any original documents. Cognitive Behavioural Psychotherapy, Ireland will not take responsibility for their loss or damage.
10. It is the applicant's responsibility to resubmit copies each time they resubmit an application that has been returned. CBPI accreditation, process a number of applications received. It has not the resources to retain or locate such documentation on your behalf.
11. An application considered incomplete through inadequate completion of the application form or providing insufficient or illegible information or documentation will be returned to the applicant (by Ordinary Post) as it is inadmissible to the process and will require the applicant to resubmit another application.
12. All applications must be accompanied by the correct application fee. Cheque/Bank Draft payable to CBPI.
13. CBPI attempts to process applications in a reasonable and timely manner. CBPI does not expedite applications. CBPI does not take responsibility for delays in processing times.

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 (if handwriting) WHILE COMPLETING THIS FORM referring to attached Accreditation Criteria Notes (Use additional sheets if necessary).

UNCONTROLLED VERSION WHEN PRINTED OR SAVED LOCALLY the electronic version on the website is the only version that is maintained



Are you applying for:	Full Accreditation	<input type="checkbox"/>	Pre-Accreditation	<input type="checkbox"/>
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Name:	Title: (Mr, Mrs, Miss, Ms, Dr.)
Residential Address:	
Postal Correspondence Address:	

Country of Birth:	Nationality:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

Email Address:	
Telephone:	Mobile:
Profession:	Present Job Title:
Place of employment:	

Criterion 1

Please list your core 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
	Core Academic Qualification	Tick	
	Nursing		
	Psychology		
	Medicine		
	Social work		
	Counselling &/Psychotherapy (of acceptable standard to the CBPI)		
	Occupational Therapy		

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 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 hours	Was case written up	Name of Training Supervisor

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 **critterion 3**

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

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

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 two years. 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.

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 CBPI-CLG	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

DELIBERATELY MAKING FALSE STATEMENTS CAN RESULT IN CANCELLATION OF YOUR MEMBERSHIP

DECLARATION:

I,
[insert name of applicant here]

Of
[insert your usual residential address here]

do solemnly and sincerely declare as follows:

I, [insert your name here], am one and the same person as the applicant in the photograph I have provided as part of this Form of Application for accreditation with Cognitive Behavioural Psychotherapy, Ireland. The photograph represents a true current likeness of me the declarant.

I confirm I have read and understood the CBPI criteria and guidance notes before making this application. I have completed this application form fully and that the information provided on this form, is to the best of my knowledge, information and belief, true, accurate, correct and complete. I understand that CBPI-CLG has the right to verify or to ask me to verify any information contained in my application and to ask me to supply additional information in relation to my application. CBPI may ask me to supply this additional information by means of a declaration. I agree to Garda vetting. I understand that if my application is accepted I will agree to abide with the Code of Professional Conduct as adopted by Cognitive Behavioural Psychotherapy Ireland. I declare I have signed this form in my handwriting.

Name:

Date:

Signature:

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CHECKLIST FOR ACCREDITATION/FULL MEMBER Please submit documentation to		
Description	Tick	
Completed application (ALL SECTIONS)		(by Ordinary Post)
CBPI - Certificate of Identity		
Supervisors Report (current)		CBPI Accreditation Committee
Supervisors Report(s) (Training)		2, Winton House (The Lighthouse Clinic)
Course Transcripts/Handbook		Miltonsfields
Referees Report		Dublin Road
Copy of Certificates		Swords
Full Accreditation Processing fee €100 (Cheque/Bank Draft payable to CBPI)		Co. Dublin K67 KW54
Any other documentation relevant to application		

CHECKLIST FOR PRE-ACCREDITATION MEMBER Please submit documentation to		
Description	Tick	
Completed application form (criteria 1 & 2a)		(by Ordinary Post)
CBPI - Certificate of Identity		
Garda clearance current certificate		CBPI Accreditation Committee
Course Transcripts		2, Winton House (The Lighthouse Clinic)
Copy of Certificates		Miltonsfields
Pre-Accreditation Processing fee €125 (Cheque/Bank Draft payable to CBPI)		Dublin Road
		Swords
		Co. Dublin K67 KW54
Any other documentation relevant to application		