

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

Associate Membership of CBPI is open to anyone residing in the Republic of Ireland (RoI):

- with an interest in the practice and theory of behavioural and/or cognitive psychotherapy or
- students of CBT-related training courses or students of Counselling/ Psychotherapy courses

Those not residing in the RoI, but similar to above and possibly also may be a member of the home country Cognitive Behavioural Therapy Member organisation may join CBPI as a (Global) **International Associate** member.

Associate membership does not confer any professional status, recognition or qualification

### **Benefits of associate membership:**

1. Associate members may attend CBPI meetings (by invitation) and CBPI organised seminars, workshops at member discount rates.
2. Being included on the mailing list for CBPI general communications. An excellent way to learn more about CBT developments in general and can be useful to people considering training and job opportunities in CBT.
3. For students and trainees of CBT-related training courses to familiarise themselves with career opportunities in the practice of CBT while gathering networking experience with other practitioners.

### **Conditions of Associate Membership:**

- granted for two year periods at a time and is renewable
- student/trainee associate status shall not exceed beyond four years
- does not accredit the person to practice CBT
- does not confer any professional status, recognition or qualification
- membership details do not appear on the CBPI or Irish Council for Psychotherapy (ICP) online national registers.
- does not imply or confer entitlement to full accreditation membership
- does not make it necessary to apply for full accreditation or maintain CPD
- are not eligible to vote in any CBPI meeting.

### **Associate Members must**

- accept the CBPI Code of Ethics, Standards and Professional Conduct
- inform clients that they are not accredited by CBPI to practice CBT
- apply for retention of associate membership every two years (if desired)

**Fee:** €120 (€ 60 per year) Fees paid are non-refundable.  
(associate membership is granted only for two year periods at a time and is renewable)

### **Retention of Associate Membership:**

1. CBPI does not send individual renewal reminders
2. It is the member's responsibility to ensure
  - renewal of retention of associate membership are met within timeframes mentioned on the certificate
  - they obtain acknowledgement of their submitted application from CBPI
3. Application for renewal may be submitted up to six months prior to membership period end date.

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

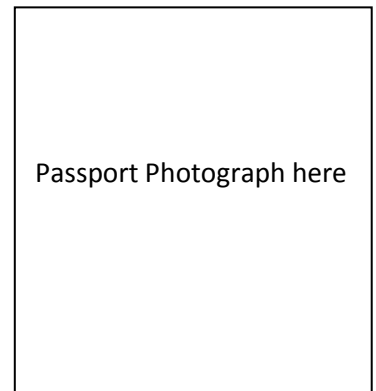
APPLICANT'S RESPONSIBILITY:

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 familiarise themselves with entry requirements for the associate membership category and to check its suitability.
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 or original documents 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. If applicable, 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 associate membership 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. Applicants are advised to ensure they receive CBPI acknowledgement of receipt of their application sent (by Ordinary Post). CBPI is unable to accept Registered Post.
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. Application fees once paid, are not refundable.
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 **USE BLOCK CAPITALS** (if handwriting) **WHILE COMPLETING THIS** (use additional sheets if necessary). Forms should preferably be typed.

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

OFFICE USE ONLY	Date Received	Fee Paid			
		Amount	Date	Cheque Nos.	Online payment



Are you applying for:    Associate Membership     (Global) International Associate

<b>Name:</b>	<b>Title:</b> (Mr, Mrs, Miss, Ms, Dr. )
<b>Residential Address:</b>	
<b>Postal Correspondence Address:</b>	

<b>Country of Birth:</b>	<b>Nationality:</b>
<b>Date of Birth:</b>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Identity you identify with: Prefer Not To Answer <input type="checkbox"/>

<b>Email Address:</b>	
<b>Telephone:</b>	<b>Mobile:</b>
<b>Profession:</b>	<b>Present Job Title:</b>
<b>Place of employment:</b>	

Please confirm whether you have been awarded Associate membership previously							
Membership Status	Select	Date of Last Award	Expiry Date of Last Award	Is CBPI Associate Membership Status currently valid		Membership held previously was as student Associate	
I have been awarded Associate Membership of (CBPI) previously	<input type="checkbox"/>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>Core Profession (ONLY if applicable)</b>
What is your main Core Profession in which you have a recognised qualification?

I am also bound by the conduct and ethical standards of the following professional body or bodies, (e.g. PSI, NMBI, IACP etc.)

<b>Professional Body (ONLY if applicable)</b>

**Signature:**

**Date:**

**Academic and Professional qualifications:**

Please list your academic and professional qualifications (ONLY IF APPLICABLE)

E.g. core professional training, relevant first degree (please enclose a copy of your certificates)

DATES	QUALIFICATION	AWARDING BODY



## 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 in a separate statement and enclose with your application in a sealed envelope.

Your additional statement should be dated and signed and make a full disclosure.

### Questions

1. 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"/>
2. Have you been found guilty of a civil offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been refused/ expelled from membership of any other professional body/ Register on the grounds of professional misconduct or other adverse professional related findings.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. 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"/>
5. 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"/>
6. To your knowledge, have you ever been, or likely to be involved in a situation or incident likely to result in adverse findings or disciplinary action against you as a member of a professional body, institution or 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 accept fees once paid are not refundable. I wish to apply for Associate membership of CBPI and accept such membership does not imply nor confer entitlement to full accreditation membership and does not confer any professional status or qualification. I will not advertise myself as a member of CBPI-CLG.

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 ASSOCIATE MEMBERSHIP		Please submit documentation to
Description	Tick	
Completed application form		(by <b>Ordinary Post</b> )  CBPI Accreditation Committee 2, Winton House (The Lighthouse Clinic) Miltonsfields Dublin Road Swords Co. Dublin K67 KW54
Associate membership fee € 120		
Copy of Core Qualification/s certificates (if applicable)		
Copy of Course Handbook (only for student applicants)		
Proof of Student status from training provider (only for student applicants)		
Any other documentation relevant to application		