

CBPI

Cognitive Behavioural
Psychotherapy Ireland

Inactive Membership Application Form for Accredited Members

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|---------------------------------------|--|
| Name: | Title: (Mr, Mrs, Miss, Ms, Dr.) |
| Date of Birth: | CBPI Membership Number: |
| Residential Address: | |
| Postal Correspondence Address: | |
| Date of Birth: | |

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

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|---|---|---|
| Date you intend to cease , practising as an accredited CBPI practitioner : | | |
| Intended Date (circa) Of Return to practice as an accredited CBPI practitioner : | | |
| Reason for applying for Inactive Membership | Personal <input type="checkbox"/> | Family <input type="checkbox"/> |
| | Career sabbatical <input type="checkbox"/> | Health <input type="checkbox"/> |
| | Other <input type="checkbox"/> | Maternity <input type="checkbox"/> |
| Do you wish that your details are temporarily removed from the CBPI online (public) register? You will continue to receive CBPI communications | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

GUIDELINES FOR INACTIVE ACCREDITED MEMBERS

Conditions:

- This category is open to Accredited Members who intend to cease practicing (in a paid or voluntary capacity) and are up to date with their annual membership fees for the year the inactive period commences.
- The cost for inactive membership for accredited members is €100 per annum for the year that follows the initiation year.
- Inactive membership applications must be received before an applicant's reaccreditation/revalidation date and cannot be applied for past the reaccreditation date.
- The period of Inactive Accredited Membership is valid for a minimum of 6 months and a maximum of 24 months.
- Members can request to return to Active status at any time between 6 and 24 months of their period of inactivity.
- Inactive Accredited Members are not required to undergo monthly supervision or engage in CPD activities for the period of their inactive membership.
- Applications made for an additional period of Inactive Accredited membership after the initial 24 months may be granted at the discretion of the Accreditation Committee.
- Inactive Accredited Members will not be listed on the ICP national Register.
- Inactive Accredited Members may only volunteer on any CBPI Sub-Committee with the approval of the CBPI Executive.

To return to Active Accredited status, Inactive Members must:

- A month prior to the end of the sought for inactive period, an Inactive Accredited Member must submit in writing to CBPI (email acceptable) to have their status changed to Active.
- The Irish Council for Psychotherapy(ICP) online register fee (€100 per annum) will be payable. CBPI will inform ICP to reactivate the practitioner details. ICP fees that are already paid for the year the inactive period commenced, are non refundable.
- As an accredited CBPI member you are accountable for ensuring you have adequate professional indemnity cover for all the services you provide on returning to active practice.

DECLARATION

I confirm I have read and understood the CBPI criteria and guidance notes before making this application.

I apply for membership of CBPI as an Inactive Accredited Member.

I have completed this application form fully and 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 understand that any inaccurate or false information or omission of material information shall render this application invalid.

I confirm that I agree to be bound by the CBPI Code of Professional Conduct, Performance and Ethics.

I declare I have signed this form in my handwriting.

Name:

Signature:

Date:

(Electronic) By typing my name I am affixing my legal signature to the document and the legal effect cannot be denied simply because the signature is not in writing.

(Non-electronic) If filling out the application by hand, please sign.