



FULL ACCREDITATION OR PRE-ACCREDITATION **APPLICATION FORM WITH (CBPI)**

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

APPLICANT'S RESPONSIBILITY:

1. The applicant is 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was not available at the time of approval, an offer of accreditation may be amended or, in exceptional circumstances, withdrawn.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. 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.
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). 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:	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"/> Gender Identity you identify with: Prefer Not To Answer <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** (500 hours, of which 360 hours must be direct tutor contact hours) of the specialist CBT course identified above delivered by accredited CBT tutors with a Cognitive Behavioural Therapy qualification (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 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 Supervisor's 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 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 the application processing fee is not refundable. 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)		<p style="text-align: center;">(by Ordinary Post)</p> <p>CBPI Accreditation Committee 2, Winton House (The Lighthouse Clinic) Miltonsfields Dublin Road Swords Co. Dublin K67 KW54</p>
CBPI - Certificate of Identity		
Supervisor's Report (current)		
Supervisor's Report(s) (Training)		
Course Transcripts/Handbook		
CBT Trainee Professional Log		
Referee's Report		
Copy of Certificates		
Proof of Professional Liability Insurance (if you engage in providing CBT-related professional services in private capacity)		
Full Accreditation Processing fee €100 (Cheque/Bank Draft payable to CBPI)		
Any other documentation relevant to application		

CHECKLIST FOR PRE-ACCREDITATION MEMBER		Please submit documentation to
Description	Tick	
Completed application form (criteria 1 & 2a)		<p style="text-align: center;">(by Ordinary Post)</p> <p>CBPI Accreditation Committee 2, Winton House (The Lighthouse Clinic) Miltonsfields Dublin Road Swords Co. Dublin K67 KW54</p>
CBPI - Certificate of Identity		
Garda clearance current certificate		
Course Transcripts		
CBT Trainee Professional Log		
Copy of Certificates		
Proof of Professional Liability Insurance (if you engage in providing CBT-related professional services in private capacity)		
Pre-Accreditation Processing fee €125 (Cheque/Bank Draft payable to CBPI)		
Any other documentation relevant to application		