



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 evidence/ 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was not available at the time of approval, an offer of accreditation may be amended or, in exceptional circumstances, withdrawn. CBPI reserves the right to correct errors made in the communication of decisions and offers.
8. The Full Accreditation application Screening Fee / Pre-accreditation Processing fee are nonrefundable. The fee must accompany the application. Cheque/ Postal Order/ Bank Draft payable to CBPI.
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. 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 form referring to Exemplar Application Form and 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

Passport Photograph here

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

Applications will not be accepted if they do not include a full CV list or similar evidence of all the qualifications of the teaching and supervision staff on your course and a full, accurate and detailed timetable or curriculum.

***Criterion 2. a (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 2. a (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 practitioners with a Cognitive Behavioural Therapy qualification (Please use additional sheets if needed)

Please differentiate between direct tutor and skills based hours. Please provide academic course transcript.

DATE	Title of Module/Lectures	Teacher/Lecturer Provide CV list of qualifications of trainers	Nos. of Hours Taught Theory (TH) Highlight on timetable/ curriculum	Nos. of Hours Taught Skills (ST) Highlight on timetable/ curriculum	Evidence Labelled as
Specialist CBT Course No. 1:					
Specialist CBT Course No. 1 - Total Taught Hours			(TH1) hours	(ST-1) hours	
Specialist CBT Course No. 2:					
Specialist CBT Course No. 2 - Total Taught Hours			(TH2) hours	(ST-2) hours	
TOTAL TAUGHT (Theoretical) HOURS:			(TH-1) + (TH-2)	(ST-1) + (ST-2)	
Total of Theoretical (Taught) + Skills Hours (Taught)					
(TH-1) + (TH-2) + (SH-1) + (SH-2) = hours for 2 (a) ii					
			Taught Theory hours	Taught Skills hours	

2. a (ii) TOTAL TAUGHT (Theoretical) HOURS = hours

I include a CV list of the training qualifications of the tutors and supervision staff on the CBT Training course I have undertaken.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Criterion 2. a (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/ Evidence Labelled as
TOTAL HOURS		hrs.	Must be at least 250 hours	

2. a (iii) TOTAL of Personal Therapy/ Psychotherapeutic Experience = hours

Criterion 2a (v)

Please provide a copy of your CBT Training - Trainee/Student Professional Log for the length of your CBT training period.

Do not send your Original Trainee Log Book.

Cognitive Behavioural Psychotherapy, Ireland does not take responsibility for loss, damage or the non-return of contents with your application.

The Trainee/Student Professional Training Log is a detailed record throughout training that provides evidence of the satisfactory completion of the practical work requirements for accreditation. The Log contains

- 1) Client Work
- 2) Supervision
- 3) Personal and Professional Development / Self Development Record and
- 4) Course Work (you do not have to include actual course work assignments in your Log or assignments which relate directly to client work)

I include a copy of the Trainee Professional Log Book of the CBT Training undertaken.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **2(a)** 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. This should be provided by an accredited, recognised and named CBT practitioner.

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)	Qualification	Hours Theory	Hours Skills Practice	Tutor / Lecturer / Facilitator	Awarding Body/Institution	Evidence Labelled as

Criterion 2 (b) Give details of supervised cases during the above courses or modules

Date	Type of problem treated	Supervised hours	Was case written up	Name of Training Supervisor	Evidence Labelled as

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.

Provide totals hours for Theory and Skills from SECTION TWO so far.

SECTION	THEORETICAL HOURS (TH) Taught	SKILLS HOURS (SH) Taught
SECTION 2 a (ii)	(TH-1)	(SH-1)
SECTION 2 b	(TH-2)	(SH-2)
Total of Theoretical (Taught) + Skills Hours (Taught)	(TH-1) + (TH-2) = hours	(SH-1) + (SH-2) = hours
GRAND TOTAL Hours of Sections: 2 a (ii) + 2 b	(TH-1) + (TH-2) + (SH-1) + (SH-2) = hours	Must be at least 500 hours

SECTION	EVIDENCED PERSONAL / PSYCHOTHERAPEUTIC EXPERIENCE	
TOTAL FROM SECTION 2 a (iii)	hours	Must be at least 250 hours

SECTION	TOTAL	
Supervised Clinical Practice Training hours SECTION 2 a (iv)	hours	Must be at least 450 hours
Training Period Supervision Hours 2 a (iv)	hours	Must be at least 200 hours

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 evidence of CPD activities for a minimum of 50 hours per year post training

Date	Event-Topic-Speaker	Organisational body	Hours/CPD points
TOTAL CPD (Name Year)			hours
Repeat for every year. Mention Total for every year since completing specialist training in CBT			

CRITERION 6

This criterion refers to a reference given by a professional referee who can account for your 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.) and one who can account for your professional practice.

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 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. Have you ever initiated a formal complaint with an agency, professional body or registered voluntary organisation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. 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"/>
7. 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"/>

MISREPRESENTING FACTS AND MAKING FALSE STATEMENTS CAN RESULT IN CANCELLATION OF YOUR MEMBERSHIP

It is important that you read this Declaration carefully and then sign it in the space below.

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 screening fee and/or processing fee is not refundable. As an applicant seeking accreditation and membership, I understand and accept the provision that my actions and conduct should not be seen as canvassing, influencing, interfering with or compromising CBPI's assessment process in any way. I also understand that if my conduct is seen as contravening this provision I shall be disqualified as a candidate; and where membership of CBPI-CLG has been granted as a result of that process, I could forfeit accreditation/ membership of CBPI-CLG.

I declare that to the best of my knowledge and belief there is nothing in relation to my conduct, past actions, character or personal background of any nature that could adversely influence the decision making process on my application. I hereby confirm my irrevocable consent to CBPI-CLG seeking further information, as CBPI-CLG deems necessary and to their satisfaction in respect of my suitability for membership for which this application is made. I hereby accept and confirm the privilege of CBPI-CLG to refuse my application or cancellation of my membership (in the event of membership having been granted) if I do not provide or have omitted to furnish to the satisfaction of CBPI-CLG further information requested of me relevant to the assessment of my suitability for membership and accreditation of CBPI-CLG. 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:

Failure to sign application will render it invalid

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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)		
Academic Course Transcripts/Handbook		
CV of qualifications of Tutors and Supervision staff of CBT course		
CBT Student/ 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 application nonrefundable Screening Fee €50 (Cheque/ Postal Order/ 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		
Academic Course Transcripts		
CV of qualifications of Tutors and Supervision staff of CBT course		
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 nonrefundable (Cheque/ Postal Order/ Bank Draft payable to CBPI)		
Any other documentation relevant to application		

Fee payment after being approved for Full Accreditation:

- 1) Full Accreditation application Processing Fee of €100 and**
- 2) current Annual Membership Fee €200 (CBPI €100 + ICP National Register Fee €100)**