

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

Associate (UNACCREDITED) 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:

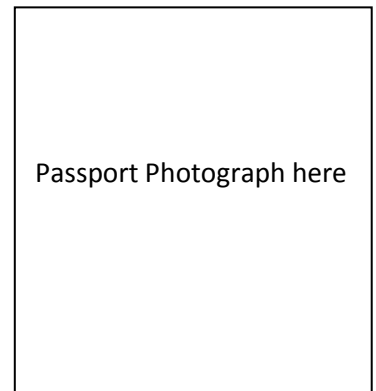
APPLICANT'S RESPONSIBILITY:

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/ Postal Order/Bank Draft payable to CBPI. Application fees once paid, are non-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

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:	

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"/>

Core Profession (ONLY if applicable)
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.)

Professional Body (ONLY if applicable)

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

STUDENT APPLICANTS

To be completed only if applying as a student/trainee of a CBT-related training courses or Counselling/ Psychotherapy courses.

Give details of length and title of specialised CBT training e.g. PG Dip. (CBT) etc.
Please enclose course handbook.

Start date	Finish date	Length of course	Title of course	Awarding Body

I am enclosing a copy of the course handbook	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I am attaching Proof of Student status from the training provider	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please state your interest in becoming an Associate member of CBPI

I make the following confirmations and declarations:

1. I hereby apply for the Associate (UNACCREDITED) Member category of CBPI membership.
2. I accept being an Associate member of CBPI does not confer any CBT related professional status, recognition or qualification. I am not required to participate in CBPI's CPD requirements to maintain full accreditation status.
3. I accept that the CBPI Associate category of membership does not accredit the person to practice CBT. It is granted for two year periods at a time and is renewable. The student/trainee associate status does not exceed beyond a four year period. Renewal of accreditation and meeting the requirements for renewal, are therefore not necessary.
4. I understand and confirm that should I undertake or intend to act as a CBT practitioner in any capacity (paid or voluntary, full or part-time, consultancy, training, authoring, research, clinical supervision) in the future, that I will not promote myself as a CBPI member; that I will fulfil all requirements for full accreditation before I start to act thereto of.
5. I confirm I will refer to myself as "CBPI Associate (UNACCREDITED) Member" only. I confirm I will clearly mention or display the term "unaccredited".
6. I confirm I will not use the CBPI Accredited Member logo or present myself other than "CBPI Associate (UNACCREDITED) Member" on any marketing or promotional materials, including print and media.
7. I accept as an CBPI Associate (UNACCREDITED) Member my details will not be listed on the online CBPI or ICP register of accredited members. Associate status does not imply or confer entitlement to full accreditation membership with CBPI. It does not make it necessary to apply for

full accreditation. By invitation I may attend CBPI Annual General Meetings and am not eligible to participate in voting in any CBPI meeting.

8. I agree to abide with the Code of Professional Conduct as adopted by Cognitive Behavioural Psychotherapy Ireland. Furthermore, in the event of a complaint being lodged with CBPI against me, I agree to meet the requirements of that procedure.
9. I understand that in the interests of public protection, CBPI may divulge details of my membership category and dates of membership should it be deemed necessary. I understand there may be occasions when it is necessary and/or appropriate to share information about me with other enforcement agencies of the State/ regulatory bodies for the purpose of regulation and in the interest of public protection and I confirm that I agree to that being done.
10. I confirm that I do not have an unspent criminal record that might prejudice the public's trust in me, the profession or CBPI if accurately informed about all the circumstances of the case, OR I attach details of unspent convictions to be taken into account in considering this application for membership.
11. I confirm that I have not been dismissed from employment for any reason, or refused/expelled from membership of a professional body/register on any grounds, OR I attach details of matters or sanctions relating to professional misconduct to be taken into account in considering this application for membership.
12. All relevant cautions, formal findings, entries made against me with an agency, professional body or registered voluntary organisation in the past or pending completion; criminal or disciplinary actions, investigations, proceedings or enquiries are declared by me on the attached statement for considering this

Signature:

Date:

application for membership.

- 13.** I confirm that if I provide(d) psychotherapy or services there are no liabilities on the Company (CBPI-CLG) of any kind whatsoever against all claims, demands, losses or proceedings relating to or arising from the performance (or non-performance) of my act(s) which ought to have or have not been disclosed to the professional indemnity provider(s), whether accrued, contingent, absolute, determined, determinable or otherwise, and there is no existing condition, situation or set of circumstances which could reasonably be expected to result in such a liability. I also confirm CBPI-CLG is not liable for act(s) I fail or failed to do that I am/was obliged to do. I am accountable for claim(s) from the provision of services undertaken with a duty of care, for making the appropriate decision(s) in relation to advice given and from failure to properly instruct; the disclosure and/or nondisclosure of circumstances for services I provide(d).
- 14.** I understand that any false or misleading statement, falsification of accompanying evidence or collusion may lead to the provisions of the Code of Professional Conduct being invoked and may result in termination of my membership.
- 15.** I have not initiated a formal complaint with an agency, professional body or registered voluntary organisation, OR I attach details of matters to be taken into account in considering this application for membership.
- 16.** I understand that payment of the subscription does not constitute acceptance of this application to this category of membership. It is granted at

the discretion of the Company (CBPI) and may be withdrawn at any time. Decisions are final and are not subject to an appeals process.

- 17.** I accept associate membership is for two year periods. Retention of associate membership must be applied for every two years (if desired). It is the member's responsibility to ensure renewal of retention of associate membership are met within timeframes mentioned on the certificate. Failure to pay the appropriate fee by the mentioned date will result in the cessation of membership.
- 18.** I accept and consent to the receipt of formal notices from CBPI-CLG, for every year of the duration of my membership years, by electronic means; and I wish to be kept informed of other services and related activities.
- 19.** I confirm I have read and understood the CBPI criteria and guidance notes before making this application. I accept the application fee is not refundable.
- 20.** 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 of CBPI-CLG.
- 21.** I confirm that the above statements are true, accurate and correct.

I declare I have signed this form in my handwriting.

Signature:

Date:

Failure to sign application will render it invalid

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CHECKLIST FOR ASSOCIATE MEMBERSHIP		Please submit documentation to
Description	Tick	
Completed application form		<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>
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		