



**COGNITIVE
BEHAVIOURAL
PSYCHOTHERAPY
IRELAND
(CBPI)**

**RETIRED Accredited
Membership
Application Form**

Please **USE BLOCK CAPITALS** (if handwriting) while completing this form.
Forms should preferably be typed.

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

Passport Photograph here

Date of Retirement:

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:

I make the following confirmations and declarations:

1. I hereby apply to transfer to the Retired Member category of CBPI membership.
2. I cede my designation(s) and will no longer be required to participate in CBPI's CPD requirements to maintain full accreditation status.
3. I understand that the Retired category of membership is intended for those members who permanently cease practising in a paid or voluntary capacity, full or part-time as a CBPI registered psychotherapist. Renewal of accreditation and meeting the requirements for renewal, are therefore not necessary.
4. I confirm that I am not currently undertaking any psychotherapy practice including the provision of CBT-related services privately (E.g. clinical supervision), full or part-time as a CBPI accredited member; nor do I intend to offer or advertise my services as a psychotherapist.
5. I understand and confirm that should I intend to act as a CBT practitioner in any capacity (paid or voluntary, consultancy, training or authoring) in the future, that I am required to notify CBPI-CLG prior thereto and that I will fulfil all requirements for full accreditation before I start to act.
6. I confirm I will refer to myself as "CBPI Retired Accredited Member" only.
7. I confirm I will not use the CBPI Accredited Member logo or present myself other than "CBPI Retired Accredited Member" on any marketing or promotional materials, including print and media.
8. I accept that Retired Accredited Members will not be listed on the online CBPI register of accredited members. By invitation I may attend CBPI Annual General Meetings and am not eligible to participate in voting.
9. 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.
10. 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 regulatory bodies for the purpose of regulation and in the interest of public protection and I confirm that I agree to that being done.
11. 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.
12. 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.
13. 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 application for membership.

14. I confirm there are no liabilities of the Company (CBPI-CLG) of any kind whatsoever which have been disclosed to the professional indemnity provider, 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 am responsible for claim(s) from the provision of services undertaken, advice given and for disclosure of Change in Circumstances for services I have provided
15. 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.
16. 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.
17. I understand that payment of the subscription does not constitute acceptance of this application to transfer to this category of membership. It is granted at the discretion of the Company an appeals process.
18. Retired members are not required to re-apply for retired membership on an annual basis. A subscription notice and contact details update form will be emailed annually. The retired rate must be paid by Mar. 31st every year. Failure to pay the annual fee will result in the cessation of membership.
19. 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.
20. 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.
21. 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.
22. 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

Please submit documentation to (by Ordinary Post)
 Cognitive Behavioural Psychotherapy Ireland (CBPI-CLG)
 2, Winton House (The Lighthouse Clinic)
 Miltonsfields, Dublin Road, Swords, Co. Dublin K67 KW54