**APPLICATION FOR FULL MEMBERSHIP**

**Please note: All information should be typed only**

**1.** **Name**:

**2.** **Address**:

**3. Tel:**

**4. Email**:

**5.** **Date of birth**:

**6.** **Current employment**:

**7.** **Previous employment**:

**8.** **Membership of other professional organisations**:

**Education and Training**

**1. Details of training at postgraduate level in psychoanalytic psychotherapy / psychoanalysis**. Applicants must have completed a recognised postgraduate psychoanalytic training that is recognised by the Psychoanalytic Section of the Irish Council for Psychotherapy, consisting of four continuous years with the same training body.

Please state:

(i) Name of university or institution:

(ii) Duration of course (give dates):

(iii) Qualification obtained:

(iv) Date of conferring / award:

*If you have completed more than one psychoanalytic postgraduate training, please provide the above information for each one.*

**2. Details of clinical experience and supervision while training**

Please state:

(i) The date individual supervision commenced :

(ii) The number of hours of individual supervision while training:

(iii) The frequency of individual supervision:

(iv) The number of clients seen while training, and whether each was supervised:

(v) The duration of psychotherapy with each client:

(vi) The number of sessions per week with each client:

(vii) Details of group supervision if applicable:

(viii) The name, address and telephone number(s) of your supervisor. If you had more than one supervisor, please provide the above information for each. The applicant’s supervisor should be a member of the IFPP or an equivalent psychoanalytic body that is a member of the Psychoanalytic Section of the Irish Council for Psychotherapy.

***Please note: your supervisor(s) will be asked to confirm details of your attendance, and will be invited to comment on your work.***

**3. Details of individual psychoanalytic psychotherapy / psychoanalysis undergone while training**

Please state:

(i) Dates of commencement and completion:

(ii) Frequency of sessions:

(iii) Total number of sessions (if ongoing, please give total number while training):

(iv) Name, address and telephone number(s) of your psychoanalytic psychotherapist / psychoanalyst. If you attended more than one psychotherapist, please give details for each. The applicant’s psychotherapist should be a member of IFPP or an equivalent psychoanalytic body that is a member of the Psychoanalytic Section of the Irish Council for Psychotherapy.

***Please note: this is solely for confirmation of attendance; no other information is sought.***

**4. Details of any other relevant qualifications and training completed prior to postgraduate psychoanalytic training, including primary degree** (e.g. psychology, medicine, social work, counselling, etc.)

**Post-training Supervision and Experience**

**1. Details of supervision since completion of training** (training is considered complete when both the academic and the clinical requirements have been fulfilled)

Please state:

(i) The number of hours of individual psychoanalytic supervision since completion of training:

(ii) Name, address and telephone number(s) of supervisor(s) since training:

**2. Details of post-training experience**

Please state:

(i) Length of time working as a psychoanalytic psychotherapist / psychoanalyst since completion of training:

(ii) Whether you are currently working as a psychoanalytic psychotherapist / psychoanalyst, and in what setting(s), e.g. private practice, HSE, psychotherapy centre, etc.:

(iii) Details of Continuing Professional Development since training, such as attendance at workshops and seminars, relevant teaching experience, reading groups, etc.:

(iv) Details of any further psychoanalytic training since qualifying:

(v) Details of publications, if any:

**3. Any further information you wish to include**

**Please enclose the following with your application:**

**1.** Verification of your training qualifications, i.e. photocopies of all relevant certificates

**2.** Application fee (cheque or draft) of €100

**3.** Signed authorisation for the IFPP to contact your psychotherapist(s) and supervisor(s)

Successful applicants will be added to the IFPP register of accredited members, and asked to pay the annual subscription fee or a portion thereof, according to where the application falls in the current financial year.

Successful applicants will be required to acquaint themselves with the Code of Ethics of the IFPP, and to agree in writing to abide by this Code.

Successful applicants will become members of the Irish Council for Psychotherapy, the fee for which is included in the IFPP's annual subscription fee. Full members must abide by the Code of Conduct of the Irish Council for Psychotherapy.

Completed applications should be **POSTED ONLY** to:

**Ann Daly**

**Administrative Secretary**

**IFPP**

**73 Quinn's Road**

**Shankill**

**Co. Dublin**

**Tel.: 01 2722105**

**email: amdpsy@gmail.com**

Membership eligibility criteria may be found on the IFPP website: www.ifpp.ie or obtained from Ann Daly at the above address.

**CONFIRMATION OF PERSONAL PSYCHOTHERAPY**

I would like to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has attended

me for therapy for the following period (Please insert dates, hours etc.)

**Commencement Date:**

**Completion Date/Ongoing:**

**No. of Sessions per Week:**

**Name of Psychotherapist: In Block Capitals**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Organisation: (Full Name and Country)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Psychotherapist

**(Date):**

**Confirmation of Applicant’s Supervision**

I would like to confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has attended

me for individual supervision for the following period : (Please insert dates, hours etc.)

**Commencement Date: ………………………………………………………………**

**Frequency: Weekly Fortnightly Other**

**Total No. of Hours supervised to date: ……………………………………………..**

**Name of Supervisor: (In Block Capitals): ………………………………………………………………**

**Professional Organisation: (Full title and country): …………………………………………………..**

**……………………………………………………………………………………………………………..**

**Signature of Supervisor: …………………………………………………………………………………**

**Date: ……………………………………………………………………………………..**

**Note:** Supervisors are invited to comment on the work of their supervisees.