**APPLICATION FOR ASSOCIATE 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 postgraduate psychoanalytic training, please provide this 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) The date of completion of all the clinical requirements of training:

(viii) Details of group supervision if applicable:

(viiii) 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 invited to comment on your work.***

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

Please state:

(i) Dates of commencement and completion (if complete; otherwise state ongoing):

(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 the 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.):

**Please note:**

**1.** Applicants will be notified about the outcome of their application.

**2.** Successful applicants will added to the IFPP’s list of Associate members, and will be asked to pay the annual membership subscription fee or a portion thereof according to where in the financial year the application falls.

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

**4.** Associate members are not members of the Irish Council for Psychotherapy; this applies only to Full members

**5.** Associate members may apply for Full membership upon completion of the requirements for post-training supervision and clinical experience.

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

1. Verification of your training qualifications, i.e. photocopies of all relevant certificates, including clinical diploma or certificate
2. Non refundable Application Fee of €100

**Please make payment by online bank transfer Please ensure that your name is clearly marked on the transaction** and **also return the remittance advice with your application to the IFPP office**.

**Name of Bank: Allied Irish Bank**

**Name of Bank Account: IFPP**

**Address of Bank: Grafton Street, Dublin 2.**

**Sort Code: 93 10 47**

**Account No: 63760004**

**IBAN   IE51AIBK93104763760004**

**BIC No. AIBKIE2D**

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

**Completed applications should be e mailed to Melanie Taylor, Administrator**

**Email ifppoffice1@gmail.com**

Membership eligibility criteria may be found on the IFPP website: www.ifpp.ie or obtained from [ifppoffice1@gmail.com](mailto:ifppoffice1@gmail.com)

**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.