**APPLICATION FOR STUDENT MEMBERSHIP**

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

**1. Name**:

**2. Address**:

**3. Date of birth**:

**4. Tel:**

**5. Email:**

**6. Current employment**:

**7. Previous employment**:

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

**Education and Training**

**1. Details of current training course at postgraduate level in psychoanalytic psychotherapy / psychoanalysis. Please furnish confirmation of your registration on such course e.g letter from University or Training Institute indicating your participation.**

Please state:

(i) Name of university or institution:

(ii) Duration of course (s) (give dates):

**2. Applicants for student membership must be in psychoanalytic psychotherapy or psychoanalysis for the duration of the training Course. This should be once weekly, at least and then at least twice weekly once the applicant is working with clients.** 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 see attached letter for confirmation by your therapist.)

**3. If applicants are working with clients, they must be in psychoanalytic supervision with an IFPP supervisor or a supervisor from an equivalent body.**

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 see attached letter for confirmation by your Supervisor)

**NB: When you are seeing clients, insurance details must be furnished to the IFPP.**

**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.):

SIGNED:

*Please sign name above*

*Please print name above*

DATE:

**Please note:**

**1.** Applicants will be notified about the outcome of their application - (this may take up to three months)

**2.** Successful applicants will added to the IFPP’s list of Student members, and will be asked to pay the annual membership subscription fee.

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

**5. Student** members may apply for Associate membership upon completion of all the requirements for Student membership.

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

1. Verification of your qualifications as indicated above, i.e. photocopies of all relevant certificates.
2. Non Refundable Application fee of €50 by online bank transfer to:

**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. Letters of verification from your therapist and supervisor (if applicable)

Completed applications by e mail to Melanie Taylor, Administrator IFPP

Membership eligibility criteria may be found on the IFPP website: [www.ifpp.ie](http://www.ifpp.org) or 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: ……………………………………………………………………………………..**