



Application for Accreditation by Grandparenting Form

1.0 Personal Details:

Name: _____	ACAP Membership Number: _____
Address: _____	Date of Application: _____
_____	Phone: (Home) _____
(Work) _____	Mobile: _____
Email: _____	Website: _____
Date of Birth: _____	

2.1 Qualifications & Educational Background:

Name of Qualification, Level, Awarding Body and Date Awarded (please include Qualifications from BA [Level 7] onwards)

Name of Qualification	QQI Level	Awarding Body/Training Provider	Date

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2.2 Child Art Psychotherapy Specific Training:

Please tick all that apply:

Higher Diploma

Masters of Science

Post Masters of Science

Dates: _____

- Did you complete the courses in full? YES/NO
- If **NOT** please provide further details as to why:

3.0 Professional Development:

Applicants are expected to provide details of their Supervised Practice, Supervision, Personal Therapy, and CPD (50 hours per year **OR** 150 hours over the previous 3 years).

“Phase 1”: Core Psychotherapy Training (total of 4+ years training, not necessarily continuous under the Grandparenting Policy, with a minimum of two years specific to the Child Art Psychotherapy Modality)

“Phase 2”: Post Practicum Period (after training) and prior to Application for Accreditation, minimum of one year post graduation from Post-Masters (“PM”) or 2nd MSc/MA

3.1 Professional Child Art Psychotherapy Practice:

What qualifies for Professional Child Art Psychotherapy Practice? The CAP therapist must endeavour to apply the CAP method. However, it is accepted that because CAP is a child-centred approach wherein the therapist follows the child in the work, it is understood that the therapist's work may involve other creative methods. In this way the focus is CAP but allows for consideration of all therapy work.

Supervised CAP Practice	Dates	Name and Address of Training Body, Employer or Private Practice	Clients (age range, reasons for referral, main problems/symptoms)	Number of Supervised Practice hrs
During Core Training (MSc/HDip)				
Mid-Training (after HDip/MSc and before PM or 2nd MSc/MA)				
During PM or 2nd MSc/MA				
Post Practicum Period/Phase 2 (eg after PM or 2nd MSc/MA)				
Total Number of Practice Hours				Total:

I, _____ (individual supervisor) confirm that the applicant has completed the hours stated above & that I have reviewed the documentation and deem these hours relevant to CAP practice.

Individual Supervisor's Signature: _____ Date: _____

3.2 Supervision

Supervision	Dates	Supervisor's Name, Address, email and phone	Accredited Memberships / Specialist Area	Supervision Hours
Individual hours during MSc/HDip				
Individual hours Mid-Training (eg between MSc and PM) if applicable				
Individual hours during PM or 2nd MSc/MA				
Individual Hours Post Practicum (after training)				
Group hours during MSc/HDip Training				
Group hours Mid-Training (eg between MSc and PM) if applicable				
Group hours during PM or 2 nd MSc/MA				
Group hours Post Practicum (after training) if applicable				
Total Hours:				

I, _____ (individual supervisor) confirm that the applicant has completed the hours stated above & that I have reviewed the documentation and deem these Supervision hours relevant to CAP practice.

Individual Supervisor's Signature: _____ Date: _____

3.3 Personal Psychotherapy

Personal Therapy	Dates	Psychotherapists Name, Address, Email and Phone Number	Accredited Memberships, Experience/Specialist Area	Hours
Individual Hours During Training (HDip/MSc and PM/MA)				
Individual Hours Mid-Training (between HDip/MSc and PM/MA) if applicable				
Individual Hours Post Practicum (after training)				
Group Hours During Training (MSc)				
Group Hours Post Practicum (after training) if applicable				
Total				



3.4 Continuing Professional Development

Courses, Conferences, Trainings, Workshops, ACAP Mtgs/work, Reading Groups etc, during a minimum one-year period prior to accreditation application. ACAP require 50 hours per year **OR** 150 hours over the previous 3 years. Please refer to ACAP's CPD guidelines document for further information.

Dates	Name of CPD - Course/Conference/Meeting/Group	Awarding Body/Provider	Credits	Number of Hours
CPD Total:				

I, _____ (individual supervisor) confirm that the applicant has completed the hours stated above & that I have reviewed the documentation and deem these CPD hours relevant to CAP practice.

Individual Supervisor's Signature: _____ Date: _____



3.5 Self Care (during a minimum one-year period prior to accreditation application)

Dates	Self-care item name	Name of Provider	Regularity

3.6 Summary

Total Number of Years spent in Psychotherapeutic Training	
Total Hours Professional CAP Practice	
Total Hours of Supervision	
Total Hours of Personal Psychotherapy	
Total Credits of Continuous Professional Development	

I, _____ (individual supervisor) confirm that the applicant has completed the hours stated above & that I have reviewed the documentation and deem these total hours relevant to CAP practice.

Individual Supervisor's Signature: _____ Date: _____



3.7 Statement of Suitability for Accreditation

Please provide a short statement outlining your suitability for Accreditation with ACAP (minimum 200 words):

4.0 Membership of ACAP

Joining Date	Length of membership

Has your Membership of ACAP been continuous? **Yes/No**



If No, have you been a member of an alternative psychotherapeutic organisation at that time? **Yes/No**

If Yes, please provide dates: _____

If No, have you been practicing as a Psychotherapist during this period? **Yes/No**

5.0 Misconduct:

Have you ever been sanctioned by or debarred/expelled from an organization for professional misconduct? **YES/NO**

If you ticked **YES** please provide further details as to why:

6.0 Insurance:

All members who are currently working in Private Practice within the field of Child Art Psychotherapy must obtain and continue to be covered by their own Professional Indemnity and Public Liability Insurance cover in order to qualify for membership. If employed by an organisation, it is



advisable that the member ask for confirmation from their employer that they are sufficiently covered by insurance for the practice of Psychotherapy with under 18's.

Insurance Cover with.....

Date of Inception.....

Duration of time covered by Insurance.....

Any breaks in Insurance cover.....

7.0 Child Safety:

All members should remain up to date with National Child Safety Guidelines. Up to date training, '**Children First: National Guidance for the Protection and Welfare of Children**' is available on the HSE website; <https://www.hseland.ie/>
Please include your Children's First Training Certificate with this application form.

8.0 GDPR

Details to be featured on ACAP's 'Find a Child Art Psychotherapist' Map on website? **Yes/No**

If Yes, please provide:

1. Name
2. Preferred contact details
3. Geographic areas covered (ex. Town, County)
4. Qualifications
5. Professional Memberships
6. Short Bio (see current Map for examples)
7. Types of referrals accepted (ex. Private, agency, both)



I agree for ACAP to store my data in line with ACAP's GDPR and Privacy Policy Guidelines. (See Website for details) **Yes/No**

9.0 Applicant's Declaration:

I, _____, apply for Accreditation by Grandparenting with ACAP. I agree to abide by its Memorandum & Articles of Association, its Codes of Ethics and Practice, and agree to comply with its Complaints Procedures. I have not been debarred by any organization for professional misconduct. I agree to remain covered by insurance against professional indemnity and public liability risks in my practice. I agree to be committed to the practice of psychotherapy, to ongoing supervision of my work and to actively engage in continuous professional development. I declare the information given in this form to be true.

Signed: _____ Dated: _____

Once complete please email this application form and relevant documents to acapaccreditation@gmail.com

Payment

There will be an administration fee (€125) for processing applications for accreditation. This is a separate fee to annual membership which is currently set at €90. To pay both fees (€215) go to acap.ie, click 'Membership' tab at the top of the homepage, click 'Apply for Membership', and click the blue 'Application for Accreditation' button. On this page you will enter the necessary personal details and pay with card via Stripe. Please read all instructions and information on the webpage carefully.

I, _____, hereby confirm I have paid ACAP €_____ via Stripe, signed,

_____.



<u>For Office Use Only:</u>
Date Received:
Date Processed:
Items outstanding:
Outcome:
Date applicant notified of outcome:
Website:
Welcome: