



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).

Phase 1: Core Psychotherapy Training, total of four years training, not necessarily continuous under the Grandparenting Policy, with a minimum of two years specific to the Child Art Psychotherapy Modality

Phase 2: Period Post Practicum/Training and prior to Application for Accreditation, minimum of one year post graduation from 2nd MSc or PM

3.1 Professional Psychotherapy Practice

Supervised 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 hours
During Core Training MSc/HDip				
Mid Training; Post HDip/MSc and Pre PM or 2nd MSc/MA				
During PM or 2nd MSc/MA				
Post Practicum Period/Phase 2, ie Post PM or 2nd MSc/MA				
Total Number of Practice Hours				Total:

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)				
Individual hours during PM/ 2nd MSc				
Individual Hours Post Practicum				
Group hours during MSc/Hdip Training				
Group hours Mid- Training				
Group hours during PM/MSc				
Group hours Post Practicum				
Total Hours:				

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 MA/PM)				
Individual Hours Mid- Training (between HDip/MSc and MA/PM)				
Individual Hours Post Training/Practicum				
Group Hours During Training				
Group Hours Post Training/Practicum				
Total				



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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 Supervised Practice	
Total Hours of Supervision	
Total Hours of Personal Psychotherapy	
Total Hours of Continuous Professional Development	

3.7 Statement of Suitability for Accreditation

Please provide a short statement outlining your suitability for Accreditation with ACAP

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.hse.ie/>
Please include your Children's First Training Certificate with this application form.

8.0 GDPR

Details to be featured on ACAP Website? **Yes/No**

If Yes, please provide a short description of your experience, area of expertise and general location.

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



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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 attach or scan this application form and relevant documents and return via password protected document and email to icapsychotherapists@gmail.com

List of documents to include with application:

CAP Training Certificates signed supporting documents/references of Supervision, Supervisor's Report Form (for present Supervisor), Confirmation of Personal Psychotherapy hours, Professional Practice References, Certificates of CPD, Journal/portfolio of Self Care, Declaration Form, Addendum for Hours during Covid, Proof of Professional Employment (if applicable), Insurance Certificate, Children's First Certificate.

Payment Options

There will be an administration fee (€120) for processing applications for accreditation (this is a separate fee to annual membership)

To pay by Bank Transfer: Please put your full Name as 'the reason for payment' so we can identify your transfer.

Bank Details: BIC: BOFIE2DXXX IBAN: IE05BOFI90129842926418

To pay by PayPal: Please log onto PayPal website or using the phone app select the ACAP account via the email address, icapsychotherapists@gmail.com and select 'Family and Friends' when completing payment.



I, _____, hereby confirm I have paid ACAP €_____ via Bank Transfer/PayPal, signed,
_____.

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