

Division of Counselling Psychology (DCoP)

Proposer's Form

Note to Applicant – If you are not a former member of the Counselling Psychology Interest Group, (i.e. a paid up member for at least one year within the period from the setting up of the register in 1995 to the formation of the Division in November 1997) you must complete the Proposer's Form and have two members of the Division sign it.

Name of Applicant: _____

PROPOSERS

Please name two referees, both of whom must be either Full or Affiliate members of the Division. They must sign this form below.

Proposer 1

Name: _____ PSI Membership Number: _____

Phone No.: _____ Signature: _____

Proposer 2

Name: _____ PSI Membership Number: _____

Phone No.: _____ Signature: _____

DIVISION OF COUNSELLING PSYCHOLOGY (DCoP)

Application for Full Membership

(PLEASE USE BLOCK CAPITALS THROUGHOUT)

A. (i) Surname: _____ Title: *Mr / Mrs / Ms / Dr / Prof* _____
Forename(s): _____ Date of Birth: _____
Home Address: _____ Work Address: _____

Tel. No.: _____ Tel. No.: _____
Fax: _____ Fax: _____
E-mail: _____ E-mail: _____

((ii)(ii))

Address for correspondence
(inc. fax, phone, e-mail)

Home or Work

PSI membership No.: _____ Date of Membership: _____

Grade of PSI membership: *Fellow / Associate Fellow / Graduate Member / Student*
(Please underline membership status) *Subscriber / Affiliate**

Are you a registered member of PSI: YES / NO Date of registration: _____

Category of DCoP membership applied for: **FULL / AFFILIATE / STUDENT AFFILIATE**
(Please circle)

B

Academic Qualifications

(Primary Degree(s) only - not postgraduate professional training)

Degree:

Subjects:

Awarding Body:

Dates:

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PROFESSIONAL TRAINING AND EXPERIENCE

Full Membership

Please outline the basis on which you wish to be considered for Full Membership of DCoP (See back page of application form for Extract from the Rules).

Professional Qualification(s):

<u>Course</u>	<u>Location</u>	<u>Awarding Body</u>	<u>Dates (to - from)</u>
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Experience:

Please outline your record of employment (in chronological order) giving precise dates: (Use additional paper if required)

Number of **years full time experience** (or part-time equivalent) in counselling psychology or psychotherapy since completing your formal professional training:

Total No. of **client hours** to date:

Total No. of **hours supervision**:

N.B. You must complete and enclose the Supervisors Report Form with your application

Total No. of hours engaged in your own **personal therapy**:

(Please enclose verification of attendance signed by your personal therapist(s))

Please state below your affiliation to any counselling or psychotherapy association(s) (including membership category, accreditation level, etc.) that you wish to use in support of your application.

General Affiliate Membership

Please give details below of the work you are engaged in that involves counselling psychology/ psychotherapy or is related to the area of counselling psychology / psychotherapy

Student Affiliate Membership

(whose training is in progress)

Course

Location

Awarding Body

Date of commencement

Please list any other information relevant to this application

DECLARATION FOR FULL MEMBERS ONLY

'I am not under investigation by any counselling, psychotherapy or related organisation for any reason'

Signature: _____

Date: _____

If it is not possible to sign this declaration, but you still wish to apply, please forward any relevant information and contact numbers to the Membership Secretary of the Division and your application will be considered in strictest confidence.

Please return this form, completed **Proposer Form, Supervisor's Report Form(s)** and any other relevant documentation to:

The Membership Secretary
Division of Counselling Psychology
The Psychological Society of Ireland
CX House
2A Corn Exchange Place
Dublin 2

EXTRACT FROM THE RULES OF THE DIVISION

3. MEMBERSHIP

3.1 Membership of the Division is open only to members of the Society. There are two categories of membership of the Division; these are as follows:

3.2 Full Membership

An applicant for full membership must fulfil one of the following conditions:

(a) Hold a postgraduate professional qualification in Counselling Psychology recognised by the Council of the Society;

Or

(b) Have such training and/or experience as may be regarded by the Division Committee as equivalent to 3.2 (a) above;

And

(c) On completion of formal training have gained an additional 400 hours of supervised client contact at a ratio of one hour supervision to eight hours client contact (i.e. 1:8 ratio, supervised by suitably qualified personnel).

3.3 Application for membership of the Division is made to the Division Committee.

3.4 An application for membership of the Division shall be signed by two members of the Division who may be required to attest to the applicant's suitability for Division membership.

3.5 The Division Committee shall elect to membership of the Division such applicants as it deems eligible and suitable.

3.6 The Division Secretary shall notify the Honorary Secretary of the Society of the names of those elected to membership of the Division.

3.7 The Division Secretary shall inform the applicant of the result of her/his application.

3.8 When an application for membership of the Division has been refused the applicant may appeal to the Council against the decision within three months. It will be the duty of the Division Secretary to inform an applicant of this right.

3.9 When an applicant exercises the right of appeal to Council, the decision of Council will be final.

3.10 **Affiliate Membership**

3.11 Affiliate membership of the Division is open to graduate members or other subscribers of the Society who fulfil one of the following conditions:

(a) be a student on a postgraduate professional training course in Counselling Psychology recognised by the Council of the Society; or

(b) be a student on a postgraduate professional training course in Counselling Psychology as may be regarded by the Division Committee as equivalent to 3.11 (a) above.

(c) be working in an area of counselling psychology recognised for this purpose by the Division Committee; or

(d) be engaged in an area of work related to counselling psychology recognised for this purpose by the Division Committee.

3.12 Application for Affiliate membership shall be made to the Division Committee.

3.13 Affiliates of the Division are not entitled to hold office or to vote.

3.14 The Division Secretary shall keep a register of full members and affiliates.

3.15 Conversion Clause

3.16 Former Members of the Counselling Psychology Group fulfilling the requirements listed in 3.11 above shall all become Affiliates of the Division, except for those fulfilling the requirements listed in 3.2 (a), (b) or (c) above who shall become members of the Division.

4. SUBSCRIPTIONS

4.1 Members and Affiliates shall pay such subscription as may be prescribed from time to time by the Division and approved by the Council. They shall cease to be a member or affiliate if their subscription is three months overdue.

4.2 The Division's subscription year shall correspond to the Society's year.