



EUROPEAN ASSOCIATION FOR INTEGRATIVE PSYCHOTHERAPY

European Certificate of Integrative Psychotherapy
Application Form

Section 1 (to be completed by the individual applicant)

In order to be awarded the European Certificate of Integrative Psychotherapy (hereafter ECIP) and register your contact details on the EAIP website you must sign the following statement:

I, _____ (print name in capital letters)

agree to the EAIP Registrar holding the information that I provide below on their computer database. I also declare that the information I give below is correct and accurate.

Signed _____ Date _____

Now please print in capital letters the contact information below

Name

Address (please indicate the address you wish to have listed on the EAIP website)

Telephone _____

Email address _____

Website (if applicable) _____

Please note, and the category for which you wish to register:

- if registering as an **Integrative Psychotherapist** the initial fee is **75 euro**
- if registering as an **Integrative Psychotherapist and Supervisor** the fee is **85 euro**
- If registering as an **Integrative Psychotherapist, Supervisor and Trainer** the fee is **95 euro**

Section 2 (to be completed by the sponsoring EAIP Member Organisation)

The person completing this section must be authorised to do so by the Member Organisation (MO) and will normally be the senior trainer or Director of the MO.

Person being sponsored for ECIP _____ (print name in capital letters)

I confirm that the above named person is, by the rules of my Member Organisation, suitable for

- **the award of ECIP**
- **entry on the website as a Supervisor approved by the sponsoring Member Organisation**
- **entry onto the website as a Trainer approved by the sponsoring Member Organisation**

Please as appropriate

Signature:

Name (please print) _____

Position in Member Organisation (please print) _____

Name of Member Organisation (please print) _____



EUROPEAN ASSOCIATION FOR INTEGRATIVE PSYCHOTHERAPY

European Certificate of Integrative Psychotherapy Application Form

Please note

Two copies of this form must be completed for each individual applicant.

Both copies should be sent with confirmation of a bank transfer of 75 euro, 85 euro or 95 euro (see above) to Kay Conroy, Registrar, EAIP Registered Office, 12 Stoneview Place, Dun Laoghaire, Co. Dublin, IRELAND, who will issue the certificate. Payment may be made by PayPal to eaipdublin@gmail.com. Fees may be transferred electronically as follows:

Name of Bank account	European Association for Integrative Psychotherapy
Bank address	Permanent TSB, Old Butterfield Avenue, Rathfarnham, Dublin 14
IBAN	IE91 IPBS 9906 4272 2425 44
BIC	IPBSIE2D

A certificate cannot be issued without completed and signed application forms and until payment is received by Treasurer.

When awarded the ECIP the certificate holder will be registered with EAIP as an Integrative Psychotherapist. Registration is renewable annually at a fee of 40 euro, 50 euro if also entered on the website as a Supervisor, 60 euro if also entered on the website as a Trainer. You will automatically be informed when your registration is due for renewal. If you do not wish to renew your registration, your details will be removed from the EAIP register and website.