



## EUROPEAN ASSOCIATION FOR INTEGRATIVE PSYCHOTHERAPY ORGANISATIONAL MEMBERSHIP APPLICATION

Application for full membership, provisional membership  
or associate membership ( as appropriate)

Full Membership  Provisional Membership  Associate Membership

Application must be accompanied by an application fee of Euro 450.

### SECTION 1

**Please print in capital letters the contact information below**

Name of organisation \_\_\_\_\_

Address of organisation \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Website \_\_\_\_\_

Name of person signing application \_\_\_\_\_

Position within organisation \_\_\_\_\_

E-mail adress \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_





10. Are there any ethical complaints outstanding against your organisation or any of the individual trainers? \_\_\_\_\_

---

---

---

---

11. Description of integrative psychotherapy training course:

a. Briefly describe the integrative philosophy that informs your integrative psychotherapy training course \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

b. Give an overview of the course curriculum indicating how the following areas are included in your overall structure:

(i) Theories of human development throughout the life cycle, including sexual development

---

---

---

---

---

---

---

---

---

---

(ii) An understanding of various therapeutic approaches \_\_\_\_\_

---

---

---

---

(iii) A theory of change \_\_\_\_\_

(iv) An understanding of social issues in relation to psychotherapy \_\_\_\_\_

(v) Theories of psychopathology \_\_\_\_\_

(vi) Theories of assessment and intervention \_\_\_\_\_



12. Course requirements

a. How long (in hours) is the taught component of your course?

---

---

---

b. What are the requirements for supervision in your training course and who provides this supervision? \_\_\_\_\_

---

---

---

---

c. What is the requirement for personal psychotherapy on your training, and who provides this psychotherapy? \_\_\_\_\_

---

---

---

---

---

d. What are the entry requirements for your training (is it understood that psychotherapy trainings are at a postgraduate level?) \_\_\_\_\_

---

---

---

e. How many hours of psychotherapy practice does a trainee need to have completed at the point of qualification/ accreditation? \_\_\_\_\_

---

---

---

f. Do your students complete a placement in a mental health setting or the equivalent? (give details of length and requirements) \_\_\_\_\_

---

---

---

---

13. Final Assessment procedures

a. How is the theoretical component of the training assessed in the final assessment? \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

b. How is the practical/ clinical component of the training assessed in the final assessment?

---

---

---

---

---

---

---

---

---

---

c. Who is involved in both these assessment procedures? Please indicate how external assessment is included in this process \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---







**Please note**

The completed application form in PDF format must be sent by e-mail to Andra Rampu, EAIP secretary, email address: [andra@euroaip.eu](mailto:andra@euroaip.eu)

The completed application form should be sent with a confirmation of a bank transfer of 450 Euro. 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

Organisational membership is renewable annually at a fee of 400 Euro. 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 website.

The EAIP reserves the right to make such additional enquiries, orally or in writing, as may be necessary.