

## EUROPEAN ASSOCIATION FOR INTEGRATIVE PSYCHOTHERAPY ORGANISATIONAL MEMBERSHIP APPLICATION

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

**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					

**Full Membership**  $\Box$ 



## **SECTION 2**

1.Name of organisation
2. Name of integrative psychotherapy training course (if different from the above)
3. Has your ogranisation and your integrative psychotherapy training been accredited by a National Awarding Organisation?
4. Staffing on the course: a. Director/ leader of integrative training course (include qualifications)
b. Names and qualifications of principal trainers on the course:



5. State how your organisation supports the aims and objectives of the EAIP
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, <del></del>
6. How is your organisation constituted (that is, do you possess a constitution or the equivalent
that is compatible with the constitution of the EAIP? Please include copies of any relevant
documentation with this application).
7. How many mambage do you augustly have? (sive types of mambagehin)
7. How many members do you currently have? (give types of membership)
8. How long has your organisation/integrative psychotherapy training course been in existence?
8. How long has your organisation/ integrative psychotherapy training course been in existence:
9. Do you have a code of ethics and professional practice? (please include a copy with the
application)
11 /



10. Are there any ethical complaints outstanding against your organisation or any of the	
individual trainers?	
marvidua trainois.	
11. Description of integrative psychotherapy training course:	
a. Briefly describe the integrative philosophy that informs your integrative psychothe	rap <sup>,</sup>
training course	г.
b. Give an overview of the course curriculum indicating how the following areas are included	l in
your overall structure:	
(i) Theories of human development throughout the life cycle, including sexual development	
(i) Theories of manual development amoughout the life eyele, mercaning seriaar development	
(ii) An understanding of various therapeutic approaches	
(1) The discontinuing of various disrapsacie approaches	



ii) A theory of cha	nge
v) An understandir	ng of social issues in relation to psychotherapy
v) An understandin	ig of social issues in relation to psychotherapy
y) Theories of psyc	hopathology
vi) Theories of asse	essment and intervention
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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 requierements)
details of longer 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
assessment is increased in this process



## PLEASE USE THIS SPACE TO GIVE ANY ADDITIONAL INFORMATION ABOUT YOUR ORGANISATION WHICH YOU FEEL MAY BE RELEVANT

FOR COMPLETION BY EA	AIP			
Application received by				
Data of receipt of				
Date of receipt of				
application				
Action required/taken				
1				



## 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

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.