



**EUROPEAN ASSOCIATION FOR INTEGRATIVE PSYCHOTHERAPY  
INDIVIDUAL MEMBERSHIP APPLICATION**

**SECTION 1**

In order to be accepted as an individual member by the European Association for Integrative Psychotherapy 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, complete and accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Correspondence address (if different from the above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_



## SECTION 2

Please give detailed information on your general education and achieved diplomas: with dates, location and duration in years, or full statement and demonstration of equivalence where relevant: \_\_\_\_\_

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Personal psychotherapy: please indicate name and place of therapist or organisation providing the psychotherapy, total number of hours of individual and/or group psychotherapy, psychotherapists (names, qualification, modality): \_\_\_\_\_

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Training in integrative psychotherapy: please indicate name and place of the organisation providing the training, duration of the training in hours, dates and trainers (names, qualification):

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Training in other psychotherapeutic modalities: please indicate name and place of the organisation providing the training, duration of the training in hours, dates and trainers (names, qualification): \_\_\_\_\_

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Supervision: please provide detailed information on supervisors (names, qualification, modality), total number of hours of supervision (in individual and/or group settings) and dates: \_\_\_\_\_

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### SECTION 3

Professional practice. Please provide detailed information on: name and address of employer or private practice, amount of hours of practice with clients, per year, after concluding the training, and clients (diagnostic categories, main problems/issues/symptoms): \_\_\_\_\_

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*Please attach to this form a relevant list of publications.*

### SECTION 4

Which NAO currently registers you and would be the relevant country to deal with complaints or disciplinary matters in which you are involved? \_\_\_\_\_

If you are not a member of NAO please explain why: \_\_\_\_\_

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Please list your professional affiliations: \_\_\_\_\_

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**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 120 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

Individual membership is renewable annually at a fee of 120 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.