



APPLICATION FORM FOR ACCREDITATION OF THE TRAINING OF TRAINERS PROGRAM IN INTEGRATIVE PSYCHOTHERAPY

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: _____

Email: _____

Signed: _____ Date: _____



General information

Name of the course: (if different from training of trainers programme) _____

Has your organisation been accredited by the EAIP? Yes/ No (please note that only EAIP accredited organisations can apply for accreditation of training of trainers programmes. If your organisation is not accredited by the EAIP, you can apply to become an accredited full member).

How many trainees do you currently have in the training of trainers programme? _____

How long has your training of trainers programme been in existence?

Staffing on the course:

a. Director/ leader of integrative training of trainers course (include qualifications) _____

b. Names and qualifications of principal trainers on the course:

Description of the integrative psychotherapy training of trainers programme:

a. Briefly describe the integrative philosophy that informs your integrative training of trainers programme _____

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

1. Ethics and research

2. Teaching methods

3. Group dynamics theory

4. Trainer and trainee behaviour, personality of trainer

5. Models or approaches to training

6. Diversity of trainers and trainees (multiculturalism, otherness, transference, countertransference, etc.)

Course requirements

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

b. What are the requirements for supervised teaching in your training of trainers program and who provides this supervision? _____

c. What are the entry requirements for your training of trainers program?

d. How many hours of psychotherapy practice does a future trainer need to have completed as a prerequisite at the point of qualification/accreditation _____

Final Assessment procedures

a. How is the candidate's theoretical knowledge of the training of trainers programme assessed in the final examination?

b. How is the candidate's practical competence of the training of trainers programme assessed in the final examination?

c. Who is involved in both these assessment procedures? Please write their names and qualifications?



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 200 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

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

GDPR Consent Declaration

I hereby consent to the processing of my personal data provided in this application form by [Name of the Training Institution] for the purpose of processing my application and organizing training activities. I understand that my data will be processed in accordance with the General Data Protection Regulation (GDPR) (EU) 2016/679. I have been informed about my rights regarding my personal data, including the right to access, rectify, erase, restrict processing, object to processing, and data portability. I am aware that I can withdraw my consent at any time by contacting Andra Rampu, EAIP secretary, email address: andra@euroaip.eu which will not affect the lawfulness of processing based on consent before its withdrawal. The data controller is European Association of Integrative Psychotherapy.