



## INSTITUTE OF CLINICAL HYPNOTHERAPY & PSYCHOTHERAPY Graduates Association

**Membership Application OR Renewal Form (Please circle)**

**1 March 2017 – 28 Feb 2018**

Title	Mr Mrs Miss Ms Dr Other:	<b>(please circle)</b>	
First Name:		Surname:	
Clinic Address:		Home Address:	
Work Phone:		Mobile Phone:	
Email:		Hypnosis Website:	
Year	Qualification	Institute	
Paid by:	<b>€100</b> by Bank Transfer: ICHP GA. IBAN: IE37 AIBK 9335 6231 6640 08 (BIC: AIBKIE2D) <b>€105</b> by Paypal/Cheque/Postal or Money Order to cover charges.		
Insured by:		Exp Date:	
ICHP Supervisor*:		Email:	
Supervision Hours 2016:	<i>(One monthly or every 10 sessions)</i>	CPD Hours 2016:	<i>(60 hours required over 24 months)</i>

**Declaration:**

1. **I declare** that all the information given including supporting documentation is true and accurate.
2. **I have read** the ICHP Code of Ethics and Standards, Child Protection policy and undertake to abide by them and operate within them at all times.
3. **I confirm** that I have never been convicted of a criminal offence and I have never been the subject of disciplinary proceedings by any professional body.
4. **I consent** to my name and contact details appearing on the ICHP GA website.
5. **I enclose** a signed copy of my Supervision Form for last year countersigned by my Supervisor, together with a copy of my current Insurance Certificate (and copy of qualifications for new members).
6. **I confirm** that I will attend a minimum of two ICHPGA events during the current year.
7. **I consent** to the ICHP GA contacting me by phone and email. (If **not** tick this box: )

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send Application form to: Ms. Elizabeth Giles, Secretary ICHP-GA, Carrickmacross Wellness Centre, Glenview, Dunogue, Carrickmacross, Co. Monaghan.**

## FREQUENTLY ASKED QUESTIONS

<b>APPLICATION FORM ENCLOSURES</b>	<ol style="list-style-type: none"> <li>1. Application/Renewal form fully completed and signed (everyone)</li> <li>2. Copy of current Professional Indemnity Insurance</li> <li>3. Copy of Supervision Form for previous year signed by Supervisor that confirms completion of Therapist's Portfolio.</li> <li>4. Copies of Diploma/Advanced Diploma/Degrees (for new members only as copies are already on file for existing members)</li> </ol>
<b>APPLICATION METHOD</b>	<p>Your Membership/Application form with enclosures must only be <b>posted</b> to the Secretary of the ICHP GA as part of Regulation and Registration.</p> <p>If your name differs from that on your certificates, please provide evidence such as a copy of your marriage/deed poll.</p>
<b>DATA PROTECTION</b>	<p>Your application information together with enclosures will be held in a locked cabinet for the duration of your membership and for 6 years after that as required by Data Protection. Your details are NOT shared with advertising third parties.</p>
<b>MEMBERSHIP FEE</b>	<p>Annual membership is <b>€100</b> paid direct to the Bank Account of:</p> <ol style="list-style-type: none"> <li>(a) ICHP GA. IBAN: IE37 AIBK 9335 6231 6640 08 (BIC: AIBKIE2D) or</li> <li>(b) PayPal (please add €5 to cover their charge i.e. total €105) via <a href="http://www.ichp-hypnotherapy.com">www.ichp-hypnotherapy.com</a> Membership Renewal</li> <li>(c) Cheque (please add €5 to cover Bank charge i.e. total €105)</li> </ol>
<b>SECRETARY</b>	<p>Ms. Elizabeth Giles  Carrickmacross Wellness Centre  Glenview  Dunogue  Carrickmacross  Co. Monaghan      Mobile: 086 1984179 - lizjgiles@icloud.com</p>
<b>PROCESSING TIME</b>	<p>Your application will be processed within two weeks.</p>
<b>SUPERVISOR</b>	<p>Supervisor must have been trained as a Supervisor. If your Supervisor is not on the ICHPGA Register, please enclose a copy of their Supervision Qualifications and ensure that they are registered Hypnotherapists and Psychotherapists and at least 5 years in practice.</p>
<b>WEBSITE</b>	<p><a href="http://www.ichp-hypnotherapy.com">www.ichp-hypnotherapy.com</a></p>