



Irish Forum for Counselling & Psychotherapy

## Membership Application Form

Full membership

Trainee Membership

### Personal Details

Name:

Address:

Post Code:

Work Address:

Post Code:

Telephone Home:

Work:

Mobile:

Email address:

Website Address:

Current occupation:

**It is a pre-requisite for membership of the IFCP to have had experience of personal therapy.** Please give brief details, e.g. type of therapy and duration:

## Professional Details

With which of the following national registering bodies are you currently registered?

BACP

BPC

UKCP

Registration No:

Name of Code of Ethics you abide by:

Name and Address of Training Organisation:

Name and Address of Qualifying Body:  
(if different from training organisation)

Name of Qualification:

Year in which you qualified:

## Current Supervision Arrangement

a. For employed work

b. For Private Practice

Thank You. Please return by post to:  
Membership Secretary  
I.F.C.P.

