

Re-Instatement of Accreditation Application Form — less than 2 months

Irish Association for Counselling and Psychotherapy

Please fill up this form if your membership was cancelled for less than 2 months. The applicant needs to contact <u>vetting@iacp.ie</u> to redo their Garda Vetting. This will be reviewed by the Accreditation Department and may be referred to the Accreditation Committee if deemed necessary. If membership lapses on more than one occasion, this will be reviewed by the Accreditation Committee. Please submit this form and relevant documentation such as overdue re-accreditation or backdated inactive applications to <u>accreditation@iacp.ie</u>

1. Person	al details			
Gender:		Date of Birth (dd/mm/yy):	1	Membership No:
Title:	Surname:		_Forename:	
Address:				
2. Date your membership was cancelled (dd/mm/yy):				
Reason your Accredited Membership was cancelled:				
Why you wish to be re-instated:				

I have included any overdue documentation such as an annual re-accreditation application or backdated inactive membership application

Yes _____ No _____

Please continue overleaf

www.iacp.ie

DECLARATION OF APPLICANT

I apply for Re-Instatement of my Accredited Membership. I confirm that I agree to be bound by the IACP Memorandum and Articles of Association and to abide by the IACP Code of Ethics and Practice. I confirm the information I have supplied is correct and true.

I understand that any inaccurate or false information or omission of material information shall render this application invalid. I understand that all applications are at the discretion of the Accreditation Department and Re-instatement of Accredited Membership is not guaranteed.

I consent to IACP sharing my membership status with third parties such as members of the public, employers and health insurers for the purposes of membership verification:

Yes_____ No: _____

Signature of Applicant:______Date: ______Date: _____Date: ______Date: _____Date: _____Date: ______Date: _____Date: ____Date: ____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ____Date: _____Date: ____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: _____Date: ____Date: ____Date: ____Date

Documents will be destroyed after an appropriate period of time as per the IACP Retention policy. Do not send any original documents unless specifically requested. Keep a copy of any application forms/correspondence you send to IACP for your own records. IACP gather and process your personal information in accordance with the relevant Irish Data Protection legislation and other, applicable laws. We process your personal information to meet our legal, statutory, and contractual obligations and to provide you with our products and services. We will hold your data securely and will never disclose your data to another organisation without your consent, unless required to do so by law. In addition, we only ever retain personal information for as long as is necessary. Should we engage the services of third party service providers in order to process your data, such processing is done in compliance with the applicable legislation, and within the terms of a formal, written contract.