



Full Membership Application Form

Full Membership

This category is open to any person who:

- Hold a Play Therapy qualification from the University of York, (accredited by BAPT), or Cork Institute of Technology.
- Have regular supervision dependent on case load.
- Be in or have recently had personal therapy.
- Have up-to-date clear Garda vetting.

NB: Garda Vetting has to be renewed every three years.

Full Membership fee is due on application.

This category is not open to Student Members



CATEGORY OF MEMBERSHIP

Application for Full Membership

Irish Play Therapy Association

1. PERSONAL DETAILS

Your Full Name:

Gender: Female Male Other

Address:

Telephone No(s):

Email Address:

Date of Birth:



2. PROFESSIONAL QUALIFICATIONS

QUALIFICATION	UNIVERSITY	DATES		AWARDING BODY
		FROM	TO	

3. OTHER RELEVANT TRAINING

COURSE TITLE	AWARD (CERT., DIP., ETC.)	DATES		TRAINING INSTITUTION
		FROM	TO	



4. RELEVANT WORK EXPERIENCE

DATES FROM TO	JOB TITLE	EMPLOYER	MAIN RESPONSIBILITIES

5. CURRENT WORK

DATE STARTED	JOB TITLE	EMPLOYER	MAIN RESPONSIBILITIES



6. PLEASE OUTLINE YOUR THEORETICAL APPROACH TO PLAY THERAPY

7. PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR PLAY THERAPY EXPERIENCE (Add additional sheets if necessary)



8. PLAY THERAPY SUPERVISION

Do you receive regular clinical supervision for your Play Therapy practice? YES NO

How many play therapy client practice hours per month do you complete?

Please give details of your attended Supervision (including frequency and duration)

9. PLAY THERAPY SUPERVISOR DETAILS:

Is your supervisor and approved IPTA Play Therapy supervisor ? YES NO

Please give full name and contact details, including email address of supervisor.

SUPERVISOR'S SIGNATURE:



10. PERSONAL THERAPY DETAILS

Are you in, or have you been in personal therapy? YES NO

How many personal therapy hours have you received to date?

Please give name and contact details of personal therapist.

Please state the professional body that your therapist/counsellor is accredited with.



11. DECLARATION OF FULL MEMBERSHIP APPLICANT

I CONFIRM THAT:

- a) I do not have a criminal record that may prejudice the interests of children.

- b) I have not been dismissed from employment on the grounds of professional misconduct.

- c) I have not been refused membership of a professional body or register in a related field on the grounds of professional misconduct.

- d) I have read and will abide by the criteria defined in the Code of Ethics Practice, and the Child Protection Policy of the Irish Play Therapy Association.

- e) I agree to adhere to the IPTA requirements for Continuing Professional Development (CPD)

- f) The information detailed in this membership application form is true to the best of my knowledge and does not contain any false or misleading information regarding my experience, qualifications, practice, membership or identity.

YOUR FULL NAME:

YOUR SIGNATURE:

DATE:



12. DECLARATION OF GDPR CONSENT

- a) I give permission to the executive committee to place my name, contact details and a personal biography (if provided), on the 'Find a Therapist' section of the IPTA website.

- b) I give full permission to the IPTA membership secretary to store a hard copy of this form for a period of 2 years, after which time it will be destroyed subject to GDPR guidelines.

YOUR FULL NAME:

YOUR SIGNATURE:

DATE:



13.ANNUAL FEE FOR MEMBERSHIP

- Annual full membership fee is €80. *Late payment is €100.
- Renewal fees are due annually in January.

14.RENEWAL MEMBERSHIP APPLICATION CHECKLIST

- I understand that my Full Membership application will be considered by the IRISH PLAY THERAPY ASSOCIATION membership committee.
I accept that the IRISH PLAY THERAPY ASSOCIATION membership committee reserve the right to refuse membership and that the decision of the committee is final.
- I have enclosed a valid copy of my professional indemnity insurance certificate.
- I have signed and dated the Renewal form for Full Membership.
- I have signed and dated the GDPR Consent.
- I have got my supervisor to confirm supervision facts with a signature/supervisors e-mail
- I have made an online payment of my Full Membership Fee of €80.
- I have e-mailed the Treasurer confirming payment.



15.METHOD OF PAYMENT:

Please make an **online payment** to the IPTA Bank Account

Details:

BIC BOFIE2D

IBAN IE97 BOFI90318926806555

- Please **reference the lodgement with your name** otherwise your payment cannot be identified.

- Please send an e-mail confirming payment to iptamembers@gmail.com

16.COMPLETION OF APPLICATION PROCESS:

- Please forward **the completed Application Form and the relevant documentation by e-mail for the attention of the IPTA Membership Secretary to iptamembers@gmail.com**

- Once the relevant documentation and payment confirmation is received the membership secretary will e-mail a **Certificate of Membership** valid for the coming year.

Thank you for your Kind Attention

