



Full Membership Renewal Form

Renewal of Full Membership

This category is open to any person who has held full membership with IPTA, where the information provided on a full application form is still relevant and accurate.

All full members must:

- Hold a Play Therapy qualification from a postgraduate course accredited by BAPT, or Munster Technological University.
- Have regular supervision dependent on case load.
- Be in or have recently had personal therapy.
- Have up-to-date clear Garda vetting.
- Have an up- to-date Child protection certificate.
- Have suitable Professional Indemnity Insurance in place.

Full Membership fee is due on application.

This category is not open to Student Members



CATEGORY OF MEMBERSHIP

Application for Renewal of Full Membership

Irish Play Therapy Association

1. PERSONAL DETAILS

Your Full Name:

Title/Pronouns:

Address:

Telephone No(s):

Email Address:

Date of Birth:



2. PLAY THERAPY QUALIFICATION

3. PLAY THERAPY SUPERVISION

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

PLAY THERAPY SUPERVISOR DETAILS:

Please give full name and contact details of supervisor

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

Please provide a copy of your supervision log for the previous year

SUPERVISOR'S SIGNATURE:



4. 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) 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:



5. 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:



6. ANNUAL FEE FOR MEMBERSHIP

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

7. 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 enclosed an up to date copy of Children's First Training Certificate.
- I have enclosed my signed supervision log for the previous year.
- I have enclosed my CPD log for the previous year.
- 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.



8. 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

9. 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

