



Non-Practising Full Membership Form

- This category is open to any person who holds a Play Therapy qualification from a postgraduate course accredited by BAPT, or Munster Technological University and intends to take up a full membership with IPTA at a future date or indeed has held full membership with IPTA in the past.
- This membership is held when a person is not currently practising as a play therapist.
- Garda Vetting with IPTA is necessary for this membership type.
- It is important to note that if a person chooses to cancel their professional indemnity insurance while holding this membership type, it means that they are not covered should a retrospective claim be made against them. This is entirely a personal choice for the member but IPTA is highlighting this fact so that the non-practising member can make a fully informed decision.
- This membership entitles the member to attend the biannual general meetings, to be informed of all IPTA training events and any applicable discounts.

The Non-Practising Full Membership fee is due on application.

This category is not open to Student Members.



CATEGORY OF MEMBERSHIP

Application for Non-Practising 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	NO. OF TAUGHT HOURS
		FROM	TO		



4. CURRENT WORK

DATE STARTED	JOB TITLE	EMPLOYER Name & Contact Details	MAIN RESPONSIBILITIES



5. DECLARATION OF NON-PRACTISING 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 understand that being a Non-Practising Member of IPTA cannot, in any circumstances, be used as a qualification to practise and agree not to misrepresent my status of membership of IPTA.
- 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 personal details, qualifications or employment.

YOUR FULL NAME:

YOUR SIGNATURE:

DATE:



6. DECLARATION OF GDPR CONSENT

a) I give permission to the executive committee to place my name on the 'Non- Practising Members' 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:



7. ANNUAL FEE FOR MEMBERSHIP

- Annual Non-Practising Membership fee is €35. *Late payment is €45.
- Renewal fees are due annually in January.

8. RENEWAL MEMBERSHIP APPLICATION CHECKLIST

- I understand that my Non-Practising 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 signed and dated the Renewal form for Non-Practising Membership.
- I have signed and dated the GDPR Consent.
- I have made an online payment of my Membership Fee of €35.
- I have e-mailed confirming payment.



9. 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

10.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

