



# IICP Education and Training Limited

Telephone: 01-4664205, 087-9049497

website: [www.iicp.ie](http://www.iicp.ie)

## APPLICATION FORM

### BA (Hons) Degree in Integrative Counselling & Psychotherapy

*Please fill out all details in block capitals*

#### Section 1: Personal Details

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PPS Number: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Current Employment: \_\_\_\_\_

How did you find out about the Upgrade Programme?: \_\_\_\_\_

#### Section 2: Existing Qualifications in Counselling and Psychotherapy

##### (a) Foundation Programme or equivalent:

Title of Programme: \_\_\_\_\_

Awarding Body and award received: \_\_\_\_\_

Dates and Duration of Programme: \_\_\_\_\_

##### (b) Diploma Programme:

Title of Programme: \_\_\_\_\_

Awarding Body and award received: \_\_\_\_\_

Dates and Duration of Programme: \_\_\_\_\_

*(please attached evidence of qualifications - to include copies of awards and transcript of results and a letter of recommendation from your college/ educational institution)*

#### Section 3: Additional Qualifications in third level education

Title of Programme: \_\_\_\_\_

Awarding Body: \_\_\_\_\_

Award Received: \_\_\_\_\_

Dates and Duration of Programme: \_\_\_\_\_

#### Section 4: Clinical Experience (list present clinical placement(s))

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Professional Membership(s) *(please supply evidence of membership(s))*

(1) \_\_\_\_\_



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(2)

Number of Supervised Hours Completed since completing core training(A letter of verification from your current clinical supervisor must be submitted as evidence of your current clinical hours):

Please state your reasons for wanting to embark on this programme:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give the names of two referees who can vouch for your suitability for this programme and who can comment on your competence as a practicing therapist:

Name: \_\_\_\_\_  
Professional Role: \_\_\_\_\_

Nature of professional Relationship: \_\_\_\_\_

Contact Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Professional Role: \_\_\_\_\_

Nature of professional Relationship: \_\_\_\_\_

Contact Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I wish to apply for the BA (Hons) Degree in Integrative Counselling and Psychotherapy at IICP Education and Training Ltd. I have included the following documentation along with this completed application form:

1. Application Processing Fee: €50.00 (non-refundable in any circumstances):
2. Completed Application Form:
3. Copies of Supporting Documentation as required:
4. Letter of verification and recommendation from your current clinical supervisor:
5. Letter of recommendation from your college/ educational institution:

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Please post or deliver by hand for the attention of: Norah Byrne, Programme Registrar, IICP Education and Training Ltd, Killinarden Enterprise Park, Killinarden, Dublin 24.