



**INSTITUTE OF CLINICAL HYPNOTHERAPY & PSYCHOTHERAPY**  
**Graduates Association (ICHP-GA)**

**FULL Membership Application or Renewal Form (Please circle)**

**1 March 2018 – 28 Feb 2019**

Title	Mr Mrs Miss Ms Dr Other:	(please circle)	
First Name:		Surname:	
Clinic Address:		Home Address:	
Work Phone:		Mobile Phone:	
Email:		Hypnosis Website:	
Year	Qualification	Institute	
Paid by:	<b>Bank Transfer: €100 new/renewal until 1<sup>st</sup> MAY 2018 - €125 after 1<sup>st</sup> May 2018</b> ICHP GA. IBAN: IE37 AIBK 9335 6231 6640 08 (BIC: AIBKIE2D) or <b>Paypal/Cheque: €105 new/renewal until 1<sup>st</sup> MAY 2018 - €130 after 1<sup>st</sup> May 2018</b>		
Insured by:		Expiry Date:	
Supervisor*:		Email:	
Supervision Hours 2017:	(Monthly or every 10 client sessions)	CPDs hours 2017:	(60 hours required over 24 months (CPD events – reading – courses etc.)

**Declaration:**

1. **I declare** that all the information given including supporting documentation is true and accurate.
2. **I have read** the ICHP-GA Code of Ethics and Standards, Child Protection policy and undertake to abide by them and operate within them at all times.
3. **I confirm** that I have never been convicted of a criminal offence and I have never been the subject of disciplinary proceedings by any professional body.
4. **I consent** to my name and contact details appearing on the ICHP GA website.
5. **I enclose** a signed copy of my Supervision Form for last year countersigned by my Supervisor, together with a copy of my current Insurance Certificate (and copy of qualifications for new members).
6. **I confirm that I will attend a minimum of two ICHP-GA events during the current year.**
7. **I consent** to the ICHP GA contacting me by phone and email. (If **not** tick this box: )

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ 2018

*Please send Application form with enclosures to: Ms. Elizabeth Giles, Secretary ICHP-GA,  
Carrickmacross Wellness Centre, Glenview, Dunogue, Carrickmacross, Co. Monaghan.*



## FREQUENTLY ASKED QUESTIONS

<i>Why do I have to undertake Continuous Professional Development (CPD) and Supervision?</i>	Active engagement in CPD is critical to ensuring that our members continue to have the up to date knowledge and skills necessary to deliver a safe and effective service to clients.
<i>How many credits for CPD?</i>	CPD credits are awarded on the basis that one hour of learning is equal to one CPD point. Learning refers to new or enhanced learning only. Please refer to the CPD area under the Members' tab of <a href="http://www.ichp-hypnotherapy.com">www.ichp-hypnotherapy.com</a>
<i>Where do I send my application for renewal (or new) membership?</i>	Your Membership/Application form with enclosures must only be posted to the Secretary of the ICHP GA as part of Regulation and Registration. If your name differs from that on your certificates, please provide evidence such as a copy of your marriage/deed poll.
<i>How do I contact the Secretary of our Association?</i>	Ms. Elizabeth Giles, Carrickmacross Wellness Centre, Glenview, Dunogue, Carrickmacross, Co. Monaghan Mobile: 086 1984179 - <a href="mailto:lizjgiles@icloud.com">lizjgiles@icloud.com</a>
<i>What do I enclose with my application form?</i>	<ol style="list-style-type: none"> <li>1. Application/Renewal form fully completed and signed (everyone)</li> <li>2. Copy of current Professional Indemnity Insurance</li> <li>3. Copy of Supervision Form for previous year signed by Supervisor that confirms completion of Therapist's Portfolio.</li> <li>4. Copies of Diploma/Advanced Diploma/Degrees (for new members only as copies are already on file for existing members).</li> </ol>
<i>What about my privacy under Data Protection?</i>	Your application information together with enclosures will be held in a locked cabinet for the duration of your membership and for 6 years after that as required by Data Protection. Your details are NOT shared with advertising third parties.
<i>What options do I have to pay the Membership fee?</i>	Annual membership paid direct to the Bank Account of: ICHP GA. IBAN: IE37 AIBK 9335 6231 6640 08 (BIC: AIBKIE2D) PayPal (please add €5 to cover their charge) via <a href="http://www.ichp-hypnotherapy.com">www.ichp-hypnotherapy.com</a> Membership Renewal
<i>How long does it take to process the fee and when will I receive my Certificate?</i>	Your application will be processed within two weeks and your Certificate of Membership will be posted to you.
<i>Who can I have as a Supervisor?</i>	Your Supervisor must be certified as a Supervisor and on the ICHPGA Register (see website). Otherwise, please enclose a copy of their Supervision Qualifications. We will run 3 online supervision sessions (free) specifically for hypnotherapy during the year.
<i>Do I have to be in Supervision?</i>	Yes. We are adhering to the standards for all mental health professional and need to be in Supervision for support and self-care.
<i>What is our website name?</i>	<a href="http://www.ichp-hypnotherapy.com">www.ichp-hypnotherapy.com</a> – The password to the members area will be provided on renewal.