

IRISH PLAY THERAPY ASSOCIATION

Full Membership Renewal Form

Renewal for 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 on file and still relevant and accurate. All full members must:

- hold a Play Therapy qualification accredited by BAPT
- have regular supervision.
- be in or has recently had personal therapy
- have up-to-date clear police vetting.

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:

Gender:

Female

Male

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)

SUPERVISORS SIGNATURE:

4. DECLARATION FOR 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 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. ANNUAL FEE FOR MEMBERSHIP

Annual full membership fee is €60. Renewal fees are due annually in January.

6. RENEWAL MEMBERSHIP APPLICATION CHECKLIST

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- I have enclosed valid copy of professional indemnity insurance certificate.
- 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 Full Membership.
- I have got my supervisor to confirm supervision facts with a signature/supervisors email
- I understand that my Full Membership application will be considered by the IRISH PLAY THERAPY ASSOCIATION membership committee.
- I have enclosed my Full Membership Fee of €60.

IRISH·PLAY THERAPY·ASSOCIATION

Methods of payment:

Please make cheques payable to **'Irish Play Therapy Association'**

Or online banking

IPTA Bank Account

IBAN

IE97BOFI90318926806555

BIC

BOFIE2D

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

Send completed Application Form, Documentation (and cheque if chosen form of payment) to:

**IPTA Membership Secretary
53 Westfields
Ennis
Co.Clare**