

DIPLOMA in Advanced Supervision across Professions
– A Holistic and Integrative Approach – IACP Accredited Programme
110+ hours' Professional Programme (delivered over 15 days)

APPLICATION FORM

PERSONAL DETAILS

Name (for
Registration):
in block capitals

Address

Date of Birth: _____ Nationality: _____ PPS No. _____

Tel - Home: _____ Tel - Work: _____ Tel - Mobile: _____

Email: _____

Current Employment: _____

Academic/Professional Qualification:
(please attach documentary proof)

Minimum Entry Requirement met?
(please indicate which is relevant)

Min 4 years' accredited (if a
counsellor/ psychotherapist)

Min 3 years' post-qualification
experience as a professional/
clinician/practitioner

Professional Membership
(Body/Number), if relevant.

Where did you hear about this
course?

For specific commencement dates and delivery times refer to www.icppd.com

Please attach (i) Statement of Interest of no less than 500 words, clearly stating your desire to engage in this Supervision Training (i.e. why you wish to participate in this programme); and **(ii) a Letter of Recommendation from your current Supervisor.**

I certify that the information provided on this application (and in my letter) is accurate. I understand that withholding information or giving false information may result in a refusal of a place within ICPPD or in termination of my application/registration at ICPPD.

Applicant

Signature: _____ Date _____

PLEASE NOTE: Applications must be accompanied by a deposit of €100, which is credited against course fees (of €2,500) if the applicant is admitted onto the programme.

Applicants are entitled to a full refund of this deposit if they decide to cancel within 7 days of receipt of their application. Should an application be unsuccessful, or cancelled by the applicant following this 7-day period, this deposit is retained.

Please note that progression, and determination of fitness to practice, is at the discretion of ICPPD.

OFFICE USE ONLY

Dep Rec'd: _____ ID No Assigned: _____