



## **This application is for Accreditation as an Individual Adult Psychotherapist**

### **STAGE ONE**

This form consists of 3 pages. Please complete all 3 pages and return them by post to the address provided or by e-mail to- [info@ipss-psychotherapy.co.uk](mailto:info@ipss-psychotherapy.co.uk). The best applications are clear and concise, containing all salient assessment information whilst avoiding unnecessary material and superfluous detail. Submitting an application itself does not guarantee progress to subsequent stages of accreditation, however, we are always keen to support applicants moving forward where appropriate. Evidence is required throughout the application process and may be verified as discretion demands. If you are completing the application digitally you should expand the allocated boxes to accommodate all the text you wish to include. Your application should be guided by all sections of our accreditation criteria (<https://www.ipss-psychotherapy.co.uk/phdi/p1.nsf/supppages/9308?opendocument&part=5>) in response to the specific questions below. If you have not received feedback regarding your application within 28 days, please contact the IPSS administrator for an update.

If needed, further clarifications will be sought before a final assessment decision is confirmed. In order to process your application, you must also include the following with your application form:

1. Your remittance of £100. This can be done preferably by Direct Bank Transfer (Sort code: 09-07-21; Account Number: 71533283 – please quote your surname and first initial as the reference) or by cheque payable to “IPSS Members Account” and sent to the address on page 3.
2. Two recent professional references, one of whom should be a Supervisor who knows your psychoanalytic work well.
3. A separate professional development statement of around 3,000 words with an accurate word count included. If sent by e-mail this document must be prepared in an app Windows 10 can open, such as MS Word. The professional development statement should make substantial reference to your clinical work informed by psychoanalytic thinking and theory in its broader social context and demonstrate why you are attracted to joining the IPSS.

NAME			
ADDRESS			
	POSTCODE		

DAYTIME TELEPHONE		MOBILE
E-MAIL		

DATE OF BIRTH	Click or tap to enter a date.
OCCUPATION: MAIN	
OTHER	

UNIVERSITY DEGREE (IF APPLICABLE):	
UNIVERSITY NAME	
QUALIFICATION(S) OBTAINED	



(please continue overleaf)

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OTHER PROFESSIONAL QUALIFICATIONS:

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS:

## PLEASE WRITE ABOUT THE FOLLOWING

### 1. PSYCHOTHERAPY TRAINING.

PLEASE USE THIS PAGE TO DESCRIBE THE STRUCTURE AND COMPONENTS OF THE THEORETICAL CONTENT OF YOUR PSYCHOTHERAPY TRAINING ACCORDING TO THE CRITERIA AVAILABLE ON OUR WEBSITE. IF YOU HAVE NOT FOLLOWED A FORMAL COURSE, DESCRIBE YOUR PORTFOLIO OF TRAINING (EQUIVALENCE). COPIES OF CERTIFICATES SHOULD BE INCLUDED WITH YOUR APPLICATION AS SUPPLEMENTARY PAGES.



(please continue overleaf)

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## 2. PERSONAL PSYCHOTHERAPY.

PLEASE GIVE DETAILS INCLUDING DATES AND FREQUENCY OF SESSIONS AND SEND PROOF WITH THIS APPLICATION. IF YOU CANNOT SUPPLY EVIDENCE IN SUPPORT OF YOUR APPLICATION PLEASE EXPLAIN WHY.

## 3. SUPERVISION (REFER TO CRITERIA).

PLEASE GIVE DETAILS INCLUDING DATES AND FREQUENCY OF SUPERVISIONS AND SEND PROOF WITH THIS APPLICATION. IF YOU CANNOT SUPPLY EVIDENCE IN SUPPORT OF YOUR APPLICATION PLEASE EXPLAIN WHY.

## 4. CLINICAL AND PROFESSIONAL EXPERIENCE.

REFER TO NUMBER OF SESSIONS AND FREQUENCY OF CONTACT WITH CLIENTS. PLEASE SEND PROOF WITH THIS APPLICATION. IF YOU CANNOT SUPPLY EVIDENCE IN SUPPORT OF YOUR APPLICATION PLEASE EXPLAIN WHY.



# Institute of Psychotherapy and Social Studies

Contextualising psychoanalytic psychotherapy within contemporary cultures, languages, and social identities

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**5. ONGOING PROFESSIONAL TRAINING/COURSES.** PLEASE SEND PROOF WITH THIS APPLICATION. IF YOU CANNOT SUPPLY EVIDENCE IN SUPPORT OF YOUR APPLICATION PLEASE EXPLAIN WHY.

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**6. ANY INFORMATION THAT YOU WOULD LIKE US TO TAKE INTO CONSIDERATION.**

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I confirm that I have paid by direct debit ☐ or cheque ☐ and confirm that the information I have provided is correct as of the date below.

Signed		Date	Click or tap to enter a date.
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Please return this completed form and any supporting documents to [info@ipss-psychotherapy.co.uk](mailto:info@ipss-psychotherapy.co.uk) or IPSS, 77 Shalimar Gardens, London W3 9JG