



This application is for Accreditation as an Individual Adult Psychotherapist

STAGE ONE

This form consists of 4 pages. Please complete all four pages and return them by post to the address provided or by e-mail to- 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. 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 £200. 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. Please provide the names and addresses of two recent profession referees, one of whom should be ideally a psychoanalytic psychotherapist supervisor who knows your work well.
3. Please provide an accompanying professional 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.

(please continue overleaf)



PERSONAL DETAILS:

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	
DATES ATTENDED	
QUALIFICATION(S) OBTAINED	

OTHER PROFESSIONAL QUALIFICATIONS (PLEASE INCLUDE DATES AND TRAINING ORGANISATION NAME):

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS (PLEASE INCLUDE DATES):

(please continue overleaf)



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 SPECIFY WHAT PERCENTAGE OF TRAINING HAS TAKEN PLACE FACE TO FACE.

2. PERSONAL PSYCHOTHERAPY.

PLEASE GIVE DETAILS INCLUDING DATES AND FREQUENCY OF SESSIONS. PLEASE PROVIDE THE NAME AND ADDRESS OF YOUR PSYCHOTHERAPIST SO THAT WE CAN WRITE TO THEM TO VERIFY THE INFORMATION GIVEN HERE AND THAT THEY ARE 5 YEARS POST QUALIFIED. PLEASE SPECIFY WHAT PERCENTAGE OF THERAPY HAS TAKEN PLACE FACE TO FACE.

3. SUPERVISION (REFER TO CRITERIA).

PLEASE GIVE DETAILS INCLUDING DATES AND FREQUENCY OF SUPERVISIONS. PLEASE PROVIDE THE NAME AND ADDRESS OF YOUR SUPERVISOR SO THAT WE CAN WRITE TO THEM TO CONFIRM THE INFORMATION GIVEN HERE AND THAT THEY ARE 5 YEARS POST QUALIFIED. PLEASE SPECIFY WHAT PERCENTAGE OF SUPERVISION HAS TAKEN PLACE FACE TO FACE.

(please continue overleaf)



4. CLINICAL AND PROFESSIONAL EXPERIENCE.

REFER TO NUMBER OF SESSIONS AND FREQUENCY OF CONTACT WITH CLIENTS. PLEASE PROVIDE THE NAME AND ADDRESS OF YOUR SUPERVISOR SO THAT WE CAN WRITE TO THEM TO CONFIRM THE INFORMATION GIVEN HERE AND THAT THEY ARE 5 YEARS POST QUALIFIED. PLEASE SPECIFY WHAT PERCENTAGE OF EXPERIENCE HAS TAKEN PLACE FACE TO FACE.

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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. PLEASE SPECIFY WHAT PERCENTAGE OF TRAINING HAS TAKEN PLACE FACE TO FACE.

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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.

In signing this form, you confirm:

- a) That the information you have provided is complete and accurate
And
- b) consent to IPSS contacting any of the individuals or organisations named in order to verify the information you have given as considered necessary.

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 or IPSS, 77 Shalimar Gardens, London W3 9JG