



EUROPEAN ASSOCIATION OF PROFESSIONAL HYPNOTHERAPISTS

Formerly Institute of Clinical Hypnotherapists & Psychotherapists - Graduates Association (IChP-GA)

Associate Membership Application or Renewal Form (Please circle)

1 March 2021 – 28 Feb 2022

Title	Mr. Mrs. Miss. Ms. Dr. Other:	(please circle)	
First Name:		Surname:	
Home Address:		Email:	
Home Phone:		Mobile Phone:	
Date of Birth:		Status:	Student – Retired – Interested Party <i>Please circle one of the above</i>
Year	Qualification		Institute
Paid by:	Bank Transfer: €50 Date of Bank Transfer: EAPH IBAN: IE37 AIBK 9335 6231 6640 08 (BIC: AIBKIE2D) or Paypal/Cheque: €55 Date payment was made:		

Declaration:

1. **I declare** that all the information given including supporting documentation is true and accurate.
2. **I have read** the EAPH 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 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).
5. **I confirm that I am not a practicing Hypnotherapist because I am a Student, Retired member of the Association or an interested party.**
6. **I consent** to the EAPH contacting me by phone and email. (If **not** tick this box:)

Signature: _____ Date: _____ 2021

Please send Application form with enclosures to: Ms. Elizabeth Giles, EAPH Membership Officer, 6 Bridge Street, Carrickmacross, Co. Monaghan A81 KD66 or, scan & email documents to membership@eaph.ie



FREQUENTLY ASKED QUESTIONS

<i>Where do I send my application for renewal (or new) of associate membership?</i>	Your Membership/Application form with enclosures must only be posted to the Membership Officer of the EAPH 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, 6 Bridge Street, Carrickmacross, Co. Monaghan. A81 KD66 Mobile: 086 1984179 – membership@eaph.ie
<i>What do I enclose with my application form?</i>	<ol style="list-style-type: none">1. Application/Renewal form fully completed and signed (everyone)2. Copy of Supervision Form for previous year signed by Supervisor3. Copies of Diploma/Advanced Diploma/Degrees (for new members only as copies are already on file for existing members).
<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: EAPH - IBAN: IE37 AIBK 9335 6231 6640 08 (BIC: AIBKIE2D) PayPal (please add €5 to cover their charge) via https://eaph.ie/membership/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 EAPH Register (see website). Otherwise, please enclose a copy of their Supervision Qualifications. We will run 4 online supervision sessions 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>	https://eaph.ie .