



European Association of  
Professional Hypnotherapists

## EUROPEAN ASSOCIATION OF PROFESSIONAL HYPNOTHERAPISTS

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

**Associate Membership Application or Renewal Form**

**1 March – 28 Feb**

Title	Mr. Mrs. Miss. Ms. Dr. Other:		
First Name:		Surname:	
Home Address:		Email:	
		Prefer your Certificate:	Posted to you Sent by email
Home Phone:		Mobile Phone:	
Date of Birth:		Status:	Student – Retired – Interested Party Please tick one of the above
Year	Qualification		Institute
Paid by:	<b>Bank Transfer: €75 Date of Bank Transfer:</b> <b>EAPH IBAN: IE37 AIBK 9335 6231 6640 08 (BIC: AIBKIE2D) or</b> <b>Paypal/Cheque: €80 Date of payment: Transaction ID</b>		

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### **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 confirm that I am not a practicing Hypnotherapist because I am a Student, Retired member of the Association or an interested party.**
5. **I consent** to the EAPH contacting me by phone and email. (If **not** tick this box: ☐)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send Application form with enclosures to: Ms. Linda O'Connell, 18 Mill Road, Northampton, UK, NN2 6AX or  
, scan & email documents to [membership@eaph.ie](mailto:membership@eaph.ie)



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### 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. Pamela Walsh, EAPH Membership Officer, The Maples, Knockinglass, Killenalle, Thurles, Co. Tipperary, E41K026. Tel: 087-7670077 Email: <a href="mailto:membership@eaph.ie">membership@eaph.ie</a>
<i>What do I enclose with my application form?</i>	<ol style="list-style-type: none"><li>1. Application/Renewal form fully completed and signed (everyone)</li><li>2. Copy of Supervision Form for previous year signed by Supervisor</li><li>3. Copies of Diploma/Advanced Diploma/Degrees (for new members only as copies are already on file for existing members).</li></ol>
<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: <b>EAPH</b> - IBAN: IE37 AIBK 9335 6231 6640 08 (BIC: AIBKIE2D) PayPal (please add €5 to cover their charge) via <a href="https://eaph.ie/membership/">https://eaph.ie/membership/</a> 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 2 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>	<a href="https://eaph.ie">https://eaph.ie</a> .