



## EUROPEAN ASSOCIATION OF PROFESSIONAL HYPNOTHERAPISTS

### New Membership Application

1 March ..... to 28 Feb .....

Title	Mr. Mrs. Miss. Ms. Dr. Other		
First Name:	:	Surname:	
Clinic Address:		Home Address:	
Work Phone:		Mobile Phone:	
Email:		Hypnosis Website:	
Year	Qualification	Institute	
Method of Payment	<b>Bank Transfer: €125    Date of bank transfer:</b> <b>EAPH IBAN: IE37 AIBK 9335 6231 6640 08 (BIC: AIBKIE2D) OR Paypal/Cheque: €130</b> <b>Paypal Payment Date:                      Transaction number:</b>		
Insured by:		Expiry Date:	
Supervisor*:		Email:	
Supervision Hours last year:	(4 Supervision sessions annually)	CPD hours last year:	(24 hours required over 12 months)
How would you prefer to receive your Certificate:	Posted to you                      Emailed		
Do you require a membership card with your Cert:	Yes, I'll use it                      No I don't need it		

#### 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 consent** to my name and contact details appearing on the EAPH.ie website.
5. **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).
6. **I confirm that I will attend a minimum of one EAPH event during the current year.**
7. **I consent** to the EAPH contacting me by phone and email. (If **not** please email our Membership Officer)

Name \_\_\_\_\_

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

*Please save the completed form to your computer and email it as an attachment to  
Linda O'Connell at [membership@eaph.ie](mailto:membership@eaph.ie)*



<i>Why do I have to undertake Continuous Professional Development (CPD) and Supervision?</i>	Active engagement in CPD is critical to ensuring that our members continue to have the up to date knowledge and skills necessary to deliver a safe and effective service to clients.
<i>How many credits for CPD?</i>	CPD credits are awarded on the basis that one hour of learning is equal to one CPD point. Learning refers to new or enhanced learning only. Please refer to the CPD area under the Members' tab of <a href="https://EAPH.ie">https://EAPH.ie</a>
<i>Where do I send my application for renewal (or new) 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. Linda O'Connell EAPH Membership Officer, 18 Mill Road, Northampton, UK, NN2 6AX 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 current Professional Indemnity Insurance</li><li>3. Copy of Supervision Form for previous year signed by Supervisor that confirms completion of Therapist's Portfolio including supervision hours and CPD hours logged.</li><li>4. 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: EAPH. 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>
<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.
<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> – <b>The current password to the members area will be in your welcome letter</b>