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| **LETTER FROM THE SECRETARY & CHECK-LIST** | | |
| Dear Applicant,  Thank you for your interest in joining the Pancyprian Association for Psychotherapists (PAP) as a Full Individual-Member.  PAP is a professional body accredited by the European Association of Psychotherapy (EAP) as the National Umbrella Organisation (NUO) and the National Awarding Organisation (NAO) for psychotherapists in Cyprus.  PAP’s aim is to pursue the welfare of the profession and the public it serves. As a professional body accredited at European level, it provides a regulatory structure, consistent with European standards for the practice of the profession of psychotherapy in Cyprus. PAP members are required to practice within a professional and ethical code of conduct and to meet the membership annual requirement for ‘Continuous Professional Development (CPD)’.  It is important that you read and familiarise yourself with PAP’s aims, internal regulations, and Code of Ethics and Practice by visiting our website, [http://www.papsychotherapy.com](about:blank), before you begin filling in the application form.  All information and documents that you are required to provide with this form are necessary for the evaluation and processing of your membership application. PAP may ask for further supplementary information if needed within a month after we receive your membership application. Please note that the association is not responsible for the delay of the processing of your application if all the required documents have not been submitted from the beginning.  The Training and Evaluation Committee examines the membership applications four times in the year; March, June, September, and December.  All your personal data will be treated with the appropriate confidentiality. | | |
| **Membership application check-list:** | | |
| The following are required prior to your application being processed and/or prior to becoming a member. | | |
| 1 | This document with completed and signed Sections A, B, C, D, E and F | |
|  |  | All the information that you enter in your membership application **Must be in typed form** |
|  |  | A hand written completed document **Will Not be accepted** |
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| **2** | **A digital copy of the above completed original document** | |
|  |  | A scanned copy of the original document is expected |
|  |  | A photographed copy **Will Not be accepted** |
|  |  | **Please sent the digital copy by email attachment to:**  **The secretary, at** [**papsychotherapy@gmail.com**](about:blank) |
|  |  | |
| **3** | **Digital copies of the documentation required in each section and which support and confirm the information you declared by completing this document.** | |
|  |  | Please sent these copies by email attachment to: The secretary, at [**papsychotherapy@gmail.com**](about:blank) |
| **3** | **A digital copy of a clean criminal record issued within the last six months prior to your membership application**. | |
|  |  | Please sent these copies by email attachment to: The secretary, at[**papsychotherapy@gmail.com**](about:blank) |
| **3** | **A ‘Membership Application Fee’ of €30.** | |
|  |  | This fee covers the processing and evaluation of your membership application and must be paid prior to submitting your membership application. |
|  |  | Payment of this fee can only be made directly to PAP’s bank Account at:  Hellenic Bank  Pagk. Syndesmos Psychotherapefton  Acc nu: 131-01-667610-01  IBAN: CY76 0050 0131 0001 3101 6676 1001  SWIFT (BIC): HEBACY2N |
|  |  | Please send by email attachment a digital copy of your payment receipt to the secretary at [papsychotherapy@gmail.com](about:blank) making sure that the receipt has your name as a reference |
| **4** | **The Full Individual-Membership Fee (Currently €150 annually)** | |
|  |  | This fee is only payable after approval of your membership application |
|  |  | Once the Board has approved your membership application, you will be notified by the Secretary of your acceptance to full membership and of the proportion of the ‘Annual Membership Fee’ required from you, prior to becoming a member. |
|  |  | You are required to make a payment of this fee directly to PAP’s bank (see above) and send a copy of the bank payment receipt to PAP within 28 days of your acceptance. Please make sure that the payment copy has your name as reference. |
|  |  | Please note that once you become a member of PAP your membership will be renewed automatically on the 1st June of each year. If you wish to end your membership, you are required to confirm this by a resignation letter addressed to the secretary of PAP. |
| We will be pleased to assist you with any further information and support you may need in filling in your form.  **Thekla Vasiliou**  Psychologist, Systemic Psychotherapist  PAP Secretary | | |
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| **A** | **SECTION A: PERSONAL AND PROFESSIONAL DETAILS** |
|  | Last Name: |
|  | First Name/s: |
|  | Academic Title: |
|  | Date of Birth: |
|  | Identity Card Number or Passport Number: |
|  | Contact Details:  Telephone: Mobile:  Email: Website: |
|  | Correspondence Address: |
|  | Which languages do you speak? |
|  | Do you hold a psychotherapy qualification?  ***(Please delete as appropriate)*** NO YES  Please provide the name and details of the qualification and of the training institute that awarded you your qualification: |
|  | What is the Scientific Modality of Psychotherapy in which you have trained and/or practice:***(See paragraph 5.1 of PAP’s Internal Regulations)*** |
|  | Have you been accredited as a psychotherapist by another professional body?  ***(Please delete as appropriate)*** NO YES  Please provide the name and details of the professional body that has accredited you: |
|  | Have you been awarded an ECP by the EAP?  ***(Please delete as appropriate)*** NO YES |
|  | Have you ever been refused to become a member by a professional organization?  ***(Please delete as appropriate)*** NO YES |
|  | Have you ever been convicted of a criminal offence, received a conditional discharge for an offence, or accepted a police caution? ***(Please delete as appropriate)*** NO YES |
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| **B** | **SECTION B: PREPARATORY EDUCATION/TRAINING**   * ***Part B applies to your preparatory education or training prior to your main psychotherapy training. A minimum of a 3-year University Degree in one of the humanistic studies or its equivalent is required.* (Re PAP Internal Regulations par. 2.2)** * ***Documentation required: Please attach copies of all relevant certificates, diplomas and letters of reference.*** * ***Please record details of your graduate, post-graduate studies (or their equivalent) and/or other professional trainings in this sequence: Date (from – to), 🡪 University or Institution (name - address,🡪Field of Study, 🡪Qualifications*** |
|  | ***(Please enter your details here):***  a)  b)  c)  d)  e)  ***(please continue further down the page as necessary)*** |
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| **C** | **SECTION C: PSYCHOTHERAPY TRAINING**   * ***Part C applies to your main psychotherapy training, which should be of a 4-year (on occasions 3year) minimum duration, in one of the scientifically recognised modalities. (Re PAP Internal Regulations par. 2.2.)*** |
| **C.1** | **Theory and Methodology**   * ***500-800 training hours are required including: theory in human development, understanding of other psychotherapeutic approaches, understanding of change, and social and cultural issues in relation to psychotherapy, psychopathology, assessment and intervention. (Re PAP Internal Regulations par. 2.2)*** * ***Please record your details in this sequence: Duration (from-to), 🡪 Training Institute (name and address), 🡪 Psychotherapy Modality, 🡪Professional Qualification Awarded, 🡪Trainers (name, modality and qualifications) 🡪 number of hours.*** * ***Documentation required: Copies of relevant certifications.*** |
|  | ***(Please enter your details here):***  a)  b)  c)  d)  e)  ***(please continue further down the page as necessary)*** |
| ***Total number of hours of theory and methodology: hours***  ***(Please add up your hours)*** | |

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| **C.2** | **Client Practice**   * ***A minimum of 300 hours of psychotherapeutic sessions with clients for training purposes, in parallel with a minimum 150 hours of training supervision, for at least 2 years, is required. Client practice training may have taken place in a private setting or an Institution.*** * ***Please record your details in this sequence: Dates (from-to): 🡪Private setting or Institution 🡪address 🡪supervisor’s name, modality and qualification 🡪number of hours of client practice 🡪number of supervision hours.*** * ***Documentation required: Copies of relevant certifications*** |
|  | ***(Please enter your details here):***  a)  b)  c)  d)  e)  ***(please continue further down the page as necessary)*** |
| ***Total number of hours of client practice: hours***  ***(Please add up your hours)*** | |
| ***Total number of supervision hours: hours***  ***(Please add up your hours)*** | |

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| **C.3** | **Personal Psychotherapy and Personal Development**   * ***A minimum of 250 hours is required during your training including: personal therapy (either in a personal or group setting), self-experience, and other methods involving elements of self-reflection.*** * ***Please include any hours of personal psychotherapy or personal development that you had prior or after your training.*** * ***Please record your details in this sequence: Dates (from-to): 🡪psychotherapist (name, modality, professional qualifications and address)🡪description (i.e. one to one, group etc.) 🡪number of hours.*** * ***Documentation* required: Copies of relevant certifications.** |
|  | ***(Please enter your details here):***  a)  b)  c)  d)  e)  ***(please continue further down the page as necessary)*** |
| ***Total number of hours in personal therapy whilst in training: Hours***  ***(Please add up your hours)*** | |
| ***Total number of hours in other forms of personal development whilst in training: hours***  ***(Please add up your hours)*** | |
| ***Total training hours of theory, client practice, supervision and personal therapy/development: hours***  ***(Please add up your hours. Applicants are required to have completed a minimum of 1400 training hours in total)*** | |

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| **C.4** | **Clinical Placement**   * ***Please note that this is a separate requirement to the clinical practice requirement in paragraph C2 above*** * ***Additional to the client-practice requirement applicants are expected to have completed a placement in a mental health setting (or the equivalent) which has been approved by their training institute. The mental health setting must provide opportunities for the psychotherapy trainee to gain adequate experience in working within a multidisciplinary team and in collaboration with other mental health professionals in the care of patients. This experience will include:*** * ***Dealing with psychosocial crisis*** * ***Observing and/or participating in intake interviews with both inpatients and outpatients*** * ***Participating in case discussions on the on going therapeutic progress of patients.*** * ***Participating in case discussion on the therapeutic process coming to the end.***   ***Applicants would normally be expected to have completed a six-month period of clinical placement on the basis of once weekly attendance. Psychotherapeutic work with clients at the mental health setting is not a requirement***   * ***Please record your details in this sequence: Dates (from-to): 🡪name and address of clinical setting, 🡪frequency (i.e. once weekly) 🡪name and qualifications of the settings’ consultant/supervisor 🡪 qualifications of other professionals (multidisciplinary team) you collaborated with whilst at the setting 🡪description of your duties and learning experience*** * ***Documentation required: A certificate or letter from the setting describing and confirming experience details.*** |
|  | ***(Please enter your details here):***  a)  b)  c)  d)  e)  ***(please continue further down the page as necessary)*** |
| ***Total number of training hours in Clinical Placement: Hours***  ***(Please add up your hours)*** | |

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| **D** | **SECTION D: POST QUALIFICATION EXPERIENCE**  ***Applicants are expected to be practicing their profession after having completed their training.*** |
| **D.1** | **Professional Practice**   * ***Please record details of your psychotherapy practice and supervision, either in employment or private practice, with dates. An average number of client-work per year may be adequate. You may record details of Personal Therapy/Development and other experiences after training as these may add weight to your application for Full Individual Membership.*** |
|  | ***(Please enter your details here):***  a)  b)  c)  d)  e)  ***(please continue further down the page as necessary)*** |
| ***Total number of hours of professional practice: hours***  ***(Please add up your hours)*** | |

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| **D.2** | **Professional Memberships**   * ***Please record your professional membership with other professional psychotherapy organisations or other professional bodies i.e. psychology, sociology, teaching, nursing, medical, etc.*** |
|  | ***(Please enter your details here):***  a)  b)  c)  d)  e)  ***(please continue further down the page as necessary)*** |
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| **SECTION E: APPLICANT’S DECLARATION** |
| I declare that I have read and have fully understood the constitutional documents, internal regulations, code of ethics and Continuous Professional Development (CPD) membership requirements of the Pancyprian Association for Psychotherapists (PAP) and I understand that by becoming a member of PAP I am agreeing that I will work within the regulatory framework of PAP.  I declare that all the information that I have provided in this document (as well as in any additional documents to this are correct and accurate and I understand that failure to disclose relevant information could result in my membership being withdrawn.  In accordance with the aims of the World Health Organization (WHO), the non-discrimination accord valid within the framework of the European Union (EU) and intended for the European Economic Area (EEA), and the principle of freedom of movement of persons and services, I agree and fully endorse the “Strasburg Declaration on Psychotherapy 1990” and its following principles:  1. Psychotherapy is an independent scientific discipline, the practice of which represents an independent and free profession.  2. Training in psychotherapy takes place at an advanced, qualified and scientific level.  3. The multiplicity of psychotherapeutic methods is assured and guaranteed.  4. A full psychotherapeutic training covers theory, self-experience, and practice under supervision. Adequate knowledge of various psychotherapeutic processes is acquired.  5. Access to training is through various preliminary qualifications, in particular human and Social sciences.  Name: ............................................................................ (Name in capitals)  Signature: .................................................. …………….Date:.................................................. |
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| **PART F: TREATMENT OF PERSONAL DATA DECLARATION** |
| PAP publishes a Members List in its website, including Name / Surname, status of membership, town of practice and modality. In addition, their contact details, telephone number and practice address, e-mail address and website could be included, as provided by members. The Members List, might situationally serve as a “referral list” as public will be prompted to check it when in a search for an accredited psychotherapist.  Please **select and mark with an X ONE** of the following statements as according to your wishes. (You can strikethrough the other statement but please do not delete):   |  | | --- | | **I DO NOT ACCEPT** the inclusion of my personal data in the Members List of PAP as published in the PAP website. I recognise that my name and details will not be accessible to the public for referral purposes. | | Or | | **I ACCEPT** the inclusion of my personal data in the Members List of PAP as published in the PAP website. I recognise that PAP is not responsible for any misuse of the list from third parties or visitors of the website. |   NOTE: you have the right to withdraw your consent and ask for the removal of your details from the Members List as published in the PAP website, by emailing PAP any time you wish.  If you accept the inclusion of your personal data in the published Members List, please fill below only the data that you give your consent to appear on the list.  Name & Surname:  Telephone:  E-mail:  Address:  Modality:  Languages:  Any other detail: (e.g. fields of expertise, basic training etc)  Name: ............................................................................ (Name in capitals)  Signature: .................................................. …………….Date:.................................................. |
| Thank you !! |