

**Student membership of APPI**  ver November, 2020

**Information Sheet**

The Executive Committee of APPI welcome applications for student membership from individuals who are undergoing training under supervision. Student Members are non-accredited members of APPI.

**Benefits of Student Membership:**

* Membership of largest professional body for psychoanalysts and psychotherapists in Ireland
* Opportunity to attend APPI events
* Opportunity to network and engage with colleagues from diverse clinical fields.
* Receive our regular ebulletin with news of events and developments in the field of psychoanalysis and psychotherapy
* Receive Lacunae – the APPI Journal for Lacanian Psychoanalysis (published twice yearly).
* Access to PEP-Web

To apply for student membership please complete the following:

1. Student application form
2. A prerequisite of membership is a commitment to the Primary Object and Code of Ethics of APPI. Please ensure that you have read and signed both of these forms. They are included in this pack.
3. Application supported by two Accredited Members of APPI.

**Fees: Application Fee – None. For annual membership please see “Table of Fees”**

Fee will be due once your application has been approved.

**Application Process:** Completed application forms will be considered by the Executive Committee at the next available meeting. Meetings usually take place once a month.

If you have any questions concerning membership please contact Mary Barry, Administrative Secretary - email [adminatappi@gmail.com](mailto:adminatappi@gmail.com)

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**Student Membership (non-accredited) Application Form**

Passport Photo

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eir code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education / Training:**

|  |  |  |  |
| --- | --- | --- | --- |
| From  (year, month) | To  (year, month) | Institution | Qualification e.g.  MA Psychoanalytic Psychotherapy |
|  |  |  |  |
|  |  |  |  |

**Clinical Practice: (Please provide details of clinical practice).**

|  |  |  |  |
| --- | --- | --- | --- |
| From  (year, month) | To  (year, month) | Employer | Position |
|  |  |  |  |
|  |  |  |  |

**Individual analysis (Please provide details of analysis).**

|  |  |  |
| --- | --- | --- |
| From  (year, month) | To  (year, month) | Name of Analyst |
|  |  |  |

**Clinical Supervision (Please provide details of supervision)**

|  |  |  |
| --- | --- | --- |
| From  (year, month) | To  (year, month) | Name of Supervisor |
|  |  |  |

I accept APPI’s Primary Object \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

I accept APPI’s Code of Ethics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

**Insurance details:**

Company name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date \_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the Checklist below as incomplete applications will lead to delay in assessing your application.

Please return this application in pdf format to: [adminatappi@gmail.com](mailto:adminatappi@gmail.com)

**Checklist for applicants:**

* Complete the APPI Application Form for Student Membership \_\_\_\_\_\_
* Signed Primary Object \_\_\_\_\_\_\_
* Signed Code of Ethics \_\_\_\_\_\_\_
* Application supported by two APPI Accredited members  \_\_\_\_\_\_\_

**If your application is successful, please indicate if:**

1. you wish your name to be included on the directory held by each member YES/NO
2. you wish to receive emails / ebulletin from APPI YES/NO
3. can your e-mail address can be distributed to other members YES/NO
4. your name to be included on a directory if available to general public YES/NO
5. If you answered YES to (a), (c), and (d) are the details you provided

above correct? YES/N0

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**Agreement to accept APPI’s Primary Object**

TO BE COMPLETED BY THE APPLICANT

Thank you for expressing an interest in becoming a member of APPI Ltd. To become a member, we require you to agree with the primary object of the Association as stated below:

“The Primary Object of the Company is to advance Freudian and Lacanian Psychoanalysis and Psychoanalytic Psychotherapy. In particular, in keeping with the Freudian principle, and taking due account of research and developments in the fields of the humanities, arts and sciences, this advancement shall remain centred on the personal psychoanalysis as the primary and indispensable means by which the practice of psychoanalysis and psychoanalytic psychotherapy can be transmitted, studied and understood”. (as per Mem & Arts 2014)

**I agree with the Primary Object of APPI Ltd.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Agreement to accept APPI’s Code of Ethics**

TO BE COMPLETED BY THE APPLICANT

**I have read the Code of Ethics of APPI Ltd. and confirm that I am committed to this Code.**

**See Appendix 1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



**Nomination Form**

THIS FORM MUST BE COMPLETED AND RETURNED **INDEPENDENTLY** BY **TWO** ACCREDIATED MEMBER WHO IS SUPPORTING YOUR APPLICATION for **Student Membership**.

NOMINEE’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOMINEE’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being a full member of Appi Ltd., am supporting the above nominee for student membership.

Please provide a brief description of your professional relationship with the nominee:

|  |
| --- |
|  |

Are you satisfied that the candidate you propose for **Student membership** of APPI is capable of working ethically and safely with members of the public?

YES / NO (please circle as appropriate)

NAME IN PRINT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return in **pdf format** to: [adminatappi@gmail.com](mailto:adminatappi@gmail.com)

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**Appendix 1**

**CODE OF ETHICS**

**Ethical Requirements of Members of APPI Ltd.**

All Accredited and Student Members of the Association for Psychoanalysis and Psychotherapy in Ireland shall make themselves familiar with and shall be bound by the Code of Ethics and Practice as set out hereunder.

All such members of APPI shall also make themselves familiar with and shall be bound by the ethical requirements of the Irish Council for Psychotherapy as set out in the following documents:

- Code of Conduct of the ICP Psychoanalytic Section

- ICP Standards for Working Therapeutically with Children and Adolescents in Psychotherapy

All such Members shall have appropriate Professional Indemnity Insurance for their clinical practice and shall furnish evidence of same. **All members in clinical practice are required to be in supervision.**

All Full (Ordinary Voting) Members shall hold current Membership of the Irish Council for Psychotherapy.

**APPI Code of Ethics and Practice**

1. The Code of Ethics and Practice applies to those Members of the Association whose names appear on the Register of Practitioner Members and on the Conditional Register and on the Student Register. For ease of reading, the terms Psychotherapist and Psychotherapy specify Psychoanalytic Psychotherapists and Psychoanalytic Psychotherapy respectively. In turn, a psychoanalytic psychotherapist is a therapist whose practice is informed by the works of Sigmund Freud and Jacques Lacan. This amounts to defining the psychoanalytic psychotherapist as a specialised listener who gives a particular privilege to the place of the unconscious.

2. There is a central tension in psychotherapy between autonomy and dependency and this latter may be exploited by an unscrupulous psychotherapist. A core moral responsibility involves the promotion of the client’s emotional autonomy, while conscientiously managing the peculiar but necessary psychological dependency of the client on the therapist in the course of treatment.

3. In all his/her work, the psychotherapist shall value integrity, impartiality and respect for all people who come to see him/her professionally. The therapeutic ‘relationship’ shall not be exploitative in any way. The psychotherapist shall hold to be paramount at all times the interest and welfare of those in receipt of his/her services.

4. (a) A psychotherapist shall not make claim directly or indirectly to qualifications, affiliations and capabilities which he/she does not possess.

(b) A psychotherapist shall take steps to monitor and develop his/her own competence and to work within the limits of that competence.

(c) All reasonable steps should be taken to ensure the safety of participants in psychotherapy.

(d) A psychotherapist shall ensure the confidentiality of information acquired through his/her practice and protect the privacy of individuals or organisations about whom information is known.

A psychotherapist shall ensure the confidentiality of information acquired during seminars, conferences, clinical discussions or by other means and protect the privacy of individuals or organisations about whom information is known.

(e) A psychotherapist shall publish information about individuals, in oral or written form, only with their consent or where their identity is adequately disguised.

(f) Psychotherapists shall conduct themselves in their practice in a way that does not damage the interests of the recipients of their services or undermine public confidence in their ability to carry out their duties.

Specifically, they shall:

* Refrain from practice when their physical or psychological condition seriously impairs their judgement.
* Not exploit the special relationship of trust and confidence to gratify their personal desires.
* Refrain from improper conduct that would be likely to be detrimental to the interests of the recipients of their services.

(iv) Neither attempt to secure, nor accept from those receiving their services, any significant financial or material benefit beyond that which has been agreed.

(v) Not allow their responsibilities or standards of practice to be diminished by consideration of religion, sex, age, nationality, opinion, politics, social standing, class or other extraneous factors.

5. Where they suspect misconduct by a professional colleague which cannot be resolved or remedied after discussion with the colleague concerned, they may take steps to bring that misconduct to the attention of the Ethics Committee in accordance with the Articles of Association, doing so without malice and with no breaches of confidentiality other than necessary to the operation of the proper investigatory procedure.

6. Psychotherapists shall take all reasonable steps to ensure that those working under their direct supervision comply with this Code.