

**Application Form for Accredited Membership of APPI / ICP - Documentation for Candidates** ver October, 2023

The Executive Committee of APPI welcome applications for accredited membership from suitably qualified applicants. Applications for membership are accepted twice a year with closing dates of 25th September and 5th February.

**Benefits of Membership:**

* Membership of largest professional body for psychoanalysts and psychotherapists in Ireland
* Automatic Membership of Irish Council for Psychotherapy (ICP)
* Eligible for membership of the European Certificate in Psychotherapy
* 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

**Entry Conditions**

APPI is committed to maintaining and fostering the highest level of excellence of accredited members. To this end APPI applies rigorous entry conditions on applicants for membership. Every accredited member of APPI is also a member of the ICP and eligible to apply for the European Certificate of Psychotherapy. An applicant must demonstrate her/his commitment to Freudian/Lacanian psychoanalysis in its theory and practice. This is done by reference to the applicant’s experience, practice, education and background.

**APPI requirements of applicants for membership are the following:**

1. Four years post-graduate continuous training in Psychoanalytic Psychotherapy which will incorporate a Master’s qualification in Psychoanalytic Psychotherapy
2. Twice weekly personal psychoanalysis over a period of 4 years
3. Weekly clinical supervision over the course of the four-year training programme
4. Weekly clinical supervision for all periods while engaged in clinical practice
5. Adequate experience in one-to-one clinical practice

Applicants who meet the above requirements will be invited for interview. See Appendix 1 for further information on the Accreditation Interview.

**Note 1:** **Exceptional Circumstances**

The Executive Committee may also consider applications from candidates who fall outside the above criteria where the Executive Committee deems that the candidate has appropriate qualifications and experience (or equivalent non-academic engagement with psychoanalysis, being principally a personal analysis) and whose application is supported by two Accredited Members of the Company. (APPI Constitution Art. 5.f)

**Primary Object and Code of Ethics**

A prerequisite of membership is a commitment to the Primary Object and Code of Ethics of APPI. Please ensure that you have read each and signed both of these forms. Both texts are included in this pack.

**Further Information:** If you have any questions concerning the membership application process please contact Mary Barry, Administrative Secretary. Email [adminatappi@gmail.com](mailto:adminatappi@gmail.com)

Failure to submit a fully completed application form and supporting documents could result in your application being delayed to the next accreditation date.

****

**Accredited Membership Application Form**

|  |
| --- |
| **Passport photo** |

Please type your answers

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Education/Training: (Please list your postgraduate training in psychoanalysis starting with most recent).**

**PLEASE SUBMIT COPIES OF TRANSCRIPTS FOR THE FOUR YEARS OF YOUR PSYCHOANALYTIC TRAINING. DO NOT SEND ORIGINAL DOCUMENTS AS THESE WILL NOT BE RETURNED.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From  (year, month) | To  (year, month) | Institution | Qualification e.g.  MA Psychoanalytic Psychotherapy | Date of graduation / completion |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Clinical Practice: (Please provide details of clinical practice starting with current/most recent).**

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

**Individual analysis (Please provide details of analysis starting with current / most recent)**

Please note applicant must have twice weekly personal psychoanalysis over a period of **4 years** with **250 sessions** to be eligible. Please confirm analysis is twice weekly YES NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From  (year, month) | To  (year, month) | Total number of sessions | Name of analyst | Contact details for analyst |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Clinical Supervision (Please provide details of supervision starting with current/most recent.)**

Please note applicant must be in weekly clinical supervision over the course of the **four-year with 150 sessions** to be eligible

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From  (year, month) | To  (year, month) | Total number of sessions | Name of Supervisor | Contact details for Supervisor |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Are you currently a student member of APPI? Please circle one

Yes No

Are you a member of any other professional bodies e.g., IFPP, IGAS, etc

|  |
| --- |
|  |

**Insurance details:**

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

**Application fee:** €65.00

Please pay by bank transfer and attach copy of receipt to this application.

**BANK DETAILS: AIB, 9 Terenure Road, Rathgar, Dublin 6**

**IBAN: IE35AIBK93345711995032 BIC: AIBKIE2D**

Fee will be due once your application has been approved by the Executive committee. Membership fee please see “Table of Fees”

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

Please see the Checklist below as incomplete applications will be returned and your application process will be delayed.

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

Please attach a copy of your cv including any additional relevant information e.g., reading groups, conference presentations, student thesis etc.

**Checklist for applicants:**

* Complete the APPI Application Form for Full Membership \_\_\_\_\_\_\_
* Submit transcripts /evidence of training/education (copies of documents only

as these will not be returned) \_\_\_\_\_\_\_

* Signed Primary Object \_\_\_\_\_\_\_
* Signed Code of Ethics \_\_\_\_\_\_\_
* Requested Analyst to submit signed support form \_\_\_\_\_\_\_
* Supervisor’s report \_\_\_\_\_\_\_
* Application supported by two APPI Accredited members \_\_\_\_\_\_\_
* Paid application fee via bank transfer \_\_\_\_\_\_\_
* Current CV \_\_\_\_\_\_\_

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

1. you permit 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

1. you permit your e-mail address to be distributed to other members YES/NO
2. your name may be included on a directory if available to general public YES/NO

(e) you permit your name & contact details to be included on the ICP website YES/NO

1. you permit your name & contact details to be included on the APPI website YES/NO
2. if you answered YES to (a), (c), (d), (e), and (f) are the details you provided above correct? YES/NO

****

**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 main object for which the company is established 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. (Paragraph 3, APPI Constitution, 2014)

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

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

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

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

**Agreement to accept APPI’s Code of Ethics (See Appendix 2)**

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.**

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

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

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

****

**Statement regarding Personal Analysis**

TO BE COMPLETED AND RETURNED **INDEPENDENTLY** BY YOUR ANALYST SUPPORTING YOUR APPLICATION.

Applicant’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for accredited membership of APPI Ltd. A requirement of accredited membership is that applicants must have undertaken personal analysis twice weekly over a four year period.

Please confirm that the applicant has been in personal analysis with you and over what time period:

ANALYST’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANALYST’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that (insert name of applicant applying for accredited

membership of APPI Ltd.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been in personal analysis with me

from (insert date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (insert date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm analysis takes place twice weekly: YES NO

Are you satisfied that the candidate you propose for accredited 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)



**Supervisor’s Report**

TO BE COMPLETED AND RETURNED **INDEPENDENTLY** BY YOUR SUPERVISOR SUPPORTING YOUR APPLICATION.

Applicant’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for accredited membership of APPI Ltd. A requirement of full membership is that applicants must have been in supervision during their four year training period and for any other periods when practicing clinically. Can you confirm that the applicant has been in supervision with you and over what time period please.

SUPERVISOR’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISORS’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that (insert name of applicant applying for accredited

membership of APPI Ltd.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been in supervision with me:

from (insert date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (insert date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please comment on the applicant’s ability as a psychoanalyst and their ability to work ethically and safely with members of the public**.  (Please use additional pages if required) |

Are you satisfied that the candidate you propose for accredited 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)



**Nomination Form**

THIS FORM MUST BE COMPLETED AND RETURNED **INDEPENDENTLY** BY **TWO** ACCREDIATED MEMBERS WHO ARE SUPPORTING YOUR APPLICATION FOR ACCREDITED MEMBERSHIP OF APPI .

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

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

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_being an accredited member of Appi Ltd., am supporting the above nominee for accredited membership.

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

|  |
| --- |
|  |

Are you satisfied that the candidate you propose for **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)

****

**Appendix 1**

**The Accreditation Interview**

All applicants being considered for membership of APPI will be required to attend for interview. The interview panel will consist of three Registered Practitioner Members of APPI with whom the applicant has no personal or professional connection.

We would like to draw your attention to the main focus of the interview which will be on your clinical experience. Candidates are invited to give an account of their psychoanalytic praxis. The interview also affords candidates the opportunity to speak to their relationship with Freudian Lacanian psychoanalysis.

All applicants will be sent a set of guidelines in preparation for their interview. Prior to being offered membership of APPI and depending on particular circumstances, an applicant may be required to undertake some or all of the following:

* A period of further clinical or academic training
* A period of further personal psychoanalysis
* A period of further clinical supervision
* A period of further suitable clinical experience

**Membership Application Appeals Process**

A candidate has the right of appeal if they are not satisfied with the outcome of their application.

Candidates can appeal by:

* Writing a letter, clearly indicating their grounds for appeal to the Chair of the Executive Committee
* Sending an email to the Chair of the Executive Committee

**NOTE: It is important that candidates set out their case fully and provide grounds for the appeal.**

Once this has been received, it will be reviewed by the Chair of the Executive Committee. If the Chair considers that grounds exist for an appeal the appeal process will commence. The appeal will be progressed by the Chair of the Ethics /Appeals Committee.

A Registered Practitioner Member of the Association and a member of the Ethics / Appeal Committee, with whom the applicant has no personal or professional connection, will meet with the candidate, conduct a second interview and will make a recommendation to the Executive Committee.

The applicant may be required to undertake some or all of the following before reapplying for membership of the Association:

* A period of further clinical or academic training
* A period of further personal psychoanalysis
* A period of further clinical supervision
* A period of further suitable clinical experience

The results of the Appeals Process will be final.

APPI reserves the right to reject an application and to refuse membership where an applicant is deemed to be unsuitable. The decision of the Executive Committee will be final in all circumstance.

****

**Appendix 2**

**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:

1. Refrain from practice when their physical or psychological condition seriously impairs their judgement.
2. Not exploit the special relationship of trust and confidence to gratify their personal desires.
3. 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.