

EUROPEAN ASSOCIATION FOR INTEGRATIVE PSYCHOTHERAPY



**APPLICATION FORM FOR SUPERVISOR CERTIFICATION
FORM A. ORGANISATIONAL ROUTE**

SECTION 1 (to be completed by the individual applicant)

In order to be certified as a supervisor by the European Association for Integrative Psychotherapy and register your contact details on the EAIP website you must sign the following statement:

I, _____
(print name in capital letters)

agree to the EAIP Registrar holding the information that I provide below on their computer database. I also declare that the information I give below is correct and accurate.

Signed: _____ Date: _____

Please print in capital letters the contact information below

Name: _____

Address (please indicate the address you wish to have listed on the EAIP website): _____

Correspondence address (if different from the above) _____

Telephone: _____

Email address: _____

Website (if applicable): _____

I am an ECIP holder since: _____ (please include a copy of your European Certificate for Integrative Psychotherapy issued by the EAIP)

SECTION 2 (to be completed by the sponsoring EAIP Member Organisation)

The person completing this section must be authorised to do so by the Member Organisation (MO) and will normally be the senior trainer or Director of the MO.

Person being sponsored for accreditation as supervisor: _____

(print name in capital letters)

I confirm that the above mentioned person has completed the training programme for supervisors, accredited by the EAIP and, by the rules of my Member Organisation, suitable for entry on the website as a Supervisor approved by the sponsoring Member Organisation.

Signature: _____

Name (please print) _____

Position in Member Organisation (please print) _____

Name of Member Organisation (please print) _____

Please note

The completed application form in PDF format must be sent by e-mail to Andra Rampu, EAIP secretary, email address: andra@euroaip.eu

The completed application form should be sent with a confirmation of a bank transfer of 50 Euro. Fees may be transferred electronically as follows:

| | |
|----------------------|---|
| Name of Bank account | European Association for Integrative Psychotherapy |
| Bank address | Permanent TSB, Old Butterfield Avenue, Rathfarnham, Dublin 14 |
| IBAN | IE91 IPBS 9906 4272 2425 44 |
| BIC | IPBSIE2D |

A certificate cannot be issued without completed and signed application forms and until payment is received by the Treasurer.

Registration as a supervisor is renewable annually at a fee of 50 Euro. You will automatically be informed when your registration is due for renewal. If you do not wish to renew your registration, your details will be removed from the EAIP register and website.