

**1. Clinical Hypnotherapy Professionals Association Application for Membership for year  
1<sup>st</sup> January to 31<sup>st</sup> December 20\_\_\_\_\_ See page 2 for qualification criteria**

**Membership Categories a. Hypnotherapist (qualified hypnotherapist) b.Student c. Non-practising**

Name of Therapist				Date of Birth:			
Home Address:							
EIRCODE:							
Telephone				MOBILE		Email:	
Registered Practice or Employer's Name (See note 3)				Practice Phone:			
Address where you practise (if different from home address – if the same, write “as above”)				EIRCODE:			
The address you want your post to go to: <b>Home</b> <b>Practice</b>				Website:			
Qualifications:(see note 5)		Date	School/ College/Institute		Name of qualification		Awarding Authority
<b>Qualifications in hypnotherapy: Enclose with this form copies of your certificates / diplomas / degrees (Use an extra sheet if space is insufficient)</b> Students enter the name of course and school		Was your hypnotherapy training in person or online?		Is your qualification approved by UK CHNC?			
If your hypnotherapy qualifications do not meet our requirements do you undertake to complete, within 15 months of being granted membership, a portfolio assessment to gain the Hypnotherapy Practitioners Diploma (HPD) with the NCH? <b>YES NO</b>							
Insurer: (See note 6)				Policy Number: Renewal Date:			
Other Professional Bodies to which you belong or have belonged in the last 5 years: (Name & no. years you have been or were a member)							
Is your registration with the data commissioner up to date? (see note 8) <b>YES      NO      NOT APPLICABLE</b>							
Average Hypnotherapy Hours you work per week (see Note 9)		Not practising	Up to 4	4-10	11-20	21-30	Over 30
Have you ever been convicted of a criminal offence?		<b>Yes      No</b>		If Yes, give details on a separate sheet and attach to this application:			
Have you ever been refused membership of a hypnotherapy or other professional organisation? <b>Yes      No</b> If Yes, please give the organisation and the year.:							
Have you ever had a complaint lodged against you? <b>Yes      No</b> <b>If yes please provide a separate sheet giving the details of the complaint, of the investigation procedure and its outcome.</b>							
DECLARATION: I hereby declare that all of the above is true and complete and I know of no reason, ethical, professional or otherwise why membership of The CHPA should not be granted. I agree to abide by the current Code of Ethics, Practice and Standards, and Complaints and Disciplinary procedures of the Clinical Hypnotherapy Professionals Association and any amendments to those Ethics, Standards and Procedures which may from time to time be implemented. I agree for the CHPA to hold my personal data as given and to communicate with me on matters pertaining to my membership, training courses and potential clients who may enquire about hypnotherapy							
I am applying for <b>Student    /    Hypnotherapy    /    Non-Practising membership</b>							
Signature of applying therapist:				Date:			

**2. Clinical Hypnotherapy Professionals Association Application for Membership yr 1<sup>st</sup> Jan to 31<sup>st</sup> Dec 20\_\_**

**N.B. Our qualification criteria for hypnotherapist membership** is a hypnotherapy qualification which involved not less than 450 hours, made up of interpersonal interactive tuition (120 hours minimum), supervised practice, homestudy and assessment preparation. For hypnotherapists whose qualifications do not reach this standard we can offer membership on the condition that they undertake to obtain through a portfolio assessment the Hypnotherapy Practitioner Diploma (HPD). This must be completed before their second annual renewal of membership, or within 15 months from the date of obtaining membership, whichever is the shorter period.

**Notes and guide to completing this application form. Please note that you will be considered for membership only if all questions have been answered.**

1. Enter your name as it is shown on your passport or birth certificate
2. Enter your own residential address, not your practice address. Indicate if this or your practice/employer address is the address to which you want mail from The CHPA to be delivered.
3. Enter your practice name or the name of the practice/agency which employs you as a therapist.
4. Enter the main address where you practise if it is different from your home address.
5. Qualifications: for hypnotherapy - enter all the qualifications you have received after taking any course which qualifies you as a hypnotherapist (not CPD weekend courses); for other qualifications enter details for qualifications related to psychological or mental health care, and those related to any other aspect of health care, e.g. nursing or medical qualifications. **TO BE ENCLOSED WITH THIS FORM: copies of your qualification certificates/diplomas/degrees. Students enclose a letter from your school confirming you are attending their course.**
6. You must provide the name of your current insurer and the expiry date of your policy. If you are applying for non-practising or student membership, please enter “not applicable”.
7. Provide the name of other professional bodies related to hypnotherapy or psychological, mental or physical health care professions to which you belong.
8. If you are using hypnotherapy in the context of work as a health care worker within the meaning of the Data Protection Acts, that is of the Medical Practitioners Act 1978 (No. 4 of 1978), a registered dentist within the meaning of the Dentists Act 1985 (No. 9 of 1985) or a member of a designated profession within the meaning of section 3 of the Health and Social Care Professionals Act 2005 (No. 27 of 2005), you are required to be registered with the Data Protection Commissioner. The professions of hypnotherapist is not designated profession. The profession of psychologist is a designated profession.
9. Hours of work are not a membership criterion but are only for information analysis purposes concerning the profession as a whole, and for confirming whether or not you are in practice.
10. Please ensure all information you provide is accurate and up to date. Please also make sure you disclose anything which may be relevant to your application.
11. If you have any queries about filling in this form please email us at: [info@chpa.ie](mailto:info@chpa.ie)
12. Please sign and return this completed form. Once you have been approved, you will be asked to apply for Garda Vetting through us. Once that is complete you will be asked for payment of your fee. **PLUS A CHARGE FOR THE GARDA VETTING PROCESS. FEES APPLY TO THE CURRENT**

**MEMBERSHIP YEAR WHICH EXPIRES ON THE 31<sup>st</sup> DECEMBER NEXT. RENEWAL FEES APPLY THEREAFTER:**

- 1-**Student membership** €50 flat rate (for people studying for a Hypnotherapy qualification at a school approved by the CHPA.
- 2-**Non practising Membership** €70 flat rate (for qualified hypnotherapists who are **not** currently practising)
- 3-**Hypnotherapist Membership** €120 (for hypnotherapists in practice). This annual rate will be charged pro rata in your first year for the number of months membership, unless you have been a member of The CHPA in any of the three years preceding the year for which you apply for membership, in which case the fee is €120 annual flat rate.

**For Office use:**

**Assessed: / / Do Qualifications meet the required standard? Y / N Is the Applicant Practising? Y / N Has the applicant Indemnity Insurance ? Y/N Has Applicant signed up to complete the HPD? Y /N**

**Nat. Exec. Decision on / / Approved Not approved: Reason for non-approval:**

**\_\_\_\_\_ Database updated Fee Invoiced Form scanned Applicant informed  
Website updated Membership number**

**By: By: By: By: By:**

