

FAMILY THERAPY ASSOCIATION OF IRELAND

APPLICATION FORM

FOR

MEMBERSHIP AS A REGISTERED FAMILY THERAPIST

Title of Applicant: _____ Ms. _____ Mr. _____ Dr. _____ Other: _____ (specify)

Surname: _____

First Name (s): _____

Address: _____

Phone No.(s): Home: _____ Work: _____ Fax: _____

Date of Birth: _____

Currently Employed: Yes: _____ No: _____

If employed - Self-employed: _____ Employed by Agency: _____ Both: _____

Place(s) of Employment:
(1) _____
(2) _____
(3) _____

A. Basic Qualifications (give details):

Title of the Course you graduated from: _____

Date of Graduation: _____

Have you enclosed a copy of your graduation Diploma/Certificate?: Yes: _____ No: _____

B. Foundation Year:

Please supply details.

C. Professional Training:

Title of Family Therapy Training Programme you graduated from:

Date of Graduation: _____

Have you enclosed a copy of your graduation Diploma/Certificate? Yes: _____ No: _____

D. Post Training Supervised Practice:

Requirements:

250 hours of post training supervised practice are required for registration.

150 hours must be on an individual, face-to-face basis, with the Therapist working alone with clients. These hours must be supervised on a one-to-one basis with the Supervisor OR in a group of students of between 2 and 4 members OR in a combination of both. In all formats, a ratio of 1 hour's supervision to 4 hours practice applies. Each student must receive 38 hours of supervision of their 150 hours of practice.

The remaining 100 hours may be completed on an individual basis or by working as a team. *While students may combine the one-to-one and group supervision formats, once the team option is selected, then all 100 hours of practice must be completed in that format.*

Examples of how the first 150 hours of supervision may be completed.

1) **One-to-One Supervision:**

150 hours of practice requires 38 hours if one is being supervised on a one-to-one basis with one's Supervisor.

2) **Supervision in a Group:**

If one is a member of a supervision group of 3 students, then 450 hours of practice will be supervised by the Supervisor, who will be required to provide 38 hours to each student in the group.

3) **Combination of one-to-one supervision with group supervision where, for example, 100 hours are completed in one-to-one supervision and 50 hours are completed in a group.**

In this case, the 100 hours of practice supervised on a one-to-one basis requires 25 hours of supervision. The remaining 50 hours of one-to-one practice supervised in a group of, say, 3 students, requires supervision of a total of 150 hours of practice i.e. a combination of all 3 students' practice. The Supervisor in this case will give 39 hours of supervision to the group, giving each student 13 hours supervision, to give a total of 38 hours to each student.

Format (s) of Post-Training Supervised Practice.

First 150 hours of supervised practice:

Please indicate supervision format(s) (/) and write the number of hours in the appropriate spaces.

<u>Supervision Format(s) (/)</u>	<u>Hours of Practice</u>	<u>Hours of Supervision</u>	<u>Dates</u>	<u>Name of Supervisor</u>
1. <i>One-to-one with Supervisor.</i>	_____	_____	from: _____ to: _____	_____
2. <i>Group supervision only.</i>	_____	_____	from: _____ to: _____	_____
<i>Size of Group</i>	_____			
3. <i>Combination of 1 & 2</i>	_____			
<i>Indicate size of Group</i>	_____			
<i>Hours of supervision in each part of the combination format</i>				
<i>One-to-one with Supervisor:</i>	_____	_____	from: _____ to: _____	_____
<i>Group Supervision</i>	_____	_____	from: _____ to: _____	_____
<u>Total No. of Hours:</u>	_____	_____		

Last 100 hours of supervised practice

Please indicate supervision format(s) (/) and write the number of hours in the appropriate spaces.

<u>Supervision Format(s) (/)</u>	<u>Hours of Practice</u>	<u>Hours of Supervision</u>	<u>Dates</u>	<u>Name of Supervisor</u>
1. <i>One-to-one with Supervisor.</i>	_____	_____	from: _____ to: _____	_____
2. <i>Group supervision only.</i>	_____	_____	from: _____ to: _____	_____
<i>Size of Group</i>	_____			
3. <i>Combination of 1 & 2</i> _____				
<i>Indicate size of Group</i>	_____			
<i>Hours of supervision in each part of the combination format</i>				
<i>One-to-one with Supervisor:</i>	_____	_____	from: _____ to: _____	_____
<i>Group Supervision</i>	_____	_____	from: _____ to: _____	_____
4. <i>Team Format</i>	_____	_____	from: _____ to: _____	_____
<u>Total No. of Hours:</u>	_____	_____		
<u>GRAND TOTAL</u> (first 150 hours & second 100 hours)	_____			

Please give the name and address of FTAI Registered Supervisor(s) who supervised your post-training additional experience, and enclose a copy of your Supervisor's (s') report (s).

Name and Address of Supervisor (s)

- 1) _____

- 2) _____

- 3) _____

Declaration:

Please sign the following declaration:

If I am accepted for registration as a Family Therapist, I shall support the objectives of the FTAI and abide by its Code of Ethics and Professional Practice. I agree to submit to the decisions of the Executive Committee of the FTAI in all disciplinary matters regarding my membership of the FTAI, and I affirm that, to the best of my knowledge, all the statements made in this application are true.

SIGNATURE: _____

DATE: _____

This application to be forwarded, together with a non-refundable administration fee of €150.

*The Secretary,
FTAI,
73, Quinn's Road,
Shankill,
Co. Dublin.*