



## APPLICATION FOR FULL MEMBERSHIP / MEMBERSHIP RENEWAL

(Please print clearly in block letters)

<b>NAME:</b>		This information will be listed on ACP website under your contact information.
<b>BUSINESS ADDRESS:</b>		
<b>CONTACT TELEPHONE:</b>		
<b>WEBSITE URL (if applicable):</b>		
<b>EMAIL:</b>		

Please tick the correct box:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Solicitor        | <input type="checkbox"/> Barrister         | <input type="checkbox"/> Mental Health Practitioner |
| <input type="checkbox"/> Child Specialist | <input type="checkbox"/> Financial Neutral | <input type="checkbox"/> Mediator                   |

I am a Member of \_\_\_\_\_ Practice Group (if applicable).

**I CONFIRM that I have completed the 12 hour basic training in Collaborative Practice AND (tick all of the following which apply):**

- ☐ I have a valid practicing certificate of the Law Society of Ireland;
- ☐ I am a member of the Bar Association of Ireland
- ☐ I am a Member of a professional body/bodies who meet the criteria as submitted to Government by the Psychological Therapies Forum with full registration to practice independently
- ☐ I am a registered psychologist
- ☐ I am a certified accountant
- ☐ I am a Qualified Financial Advisor/ Tax Specialist
- ☐ I am a Qualified Mediator

**To be completed by ALL MEMBERS:**

I completed the 12 hour basic training on \_\_\_\_\_ (dates) with  
\_\_\_\_\_ (training group).

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_

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

Please send cheque for membership in the sum of €100 payable to the Association of Collaborative Practitioners with this application form to: FAO: Mary Barry, The Association of Collaborative Practitioners, c/o Charltons Solicitors, 70 George's Street Lower, Dún Laoghaire, County Dublin A94 H7W2.