

APPLICATION FOR CPD CREDITS FOR A COURSE

Applicant Name: Address: E-mail address: Telephone number:		
Title of Course:		
Venue for Course:		
Contact / Presenter details to appear in <i>Irish Psychologist</i> and on PSI website:		
Proposed Date(s): Please note: Approval cannot be given for unspecified dates.	Duration in days/ units:	
Educational/Professional Development Aims of Course:		
Expected Learning Outcomes:		
<ol style="list-style-type: none"> 1. 2. 3. 4. Etc. 		
Teaching / delivery methods:		
Assessment methods:		
Structure of the proposed course (please attach lesson plan or outline of each day/ unit)		
Proposed Number of Attendees:		
Qualifications and prior experience necessary:		
Psychological Advisor: (if main presenter is not a psychologist)		
Relevant recent developments in the area being covered by the course:		
<ol style="list-style-type: none"> 1. 2. 3. Etc. 		
Outline of Relevant Empirical Support/ Evidence base for this activity:		
Presenter(s)	Qualifications	Affiliation/Professional Organisation
1.		
2.		
3.		
4.		
5.		
Please ensure the above details demonstrate that all presenters have the requisite knowledge, skills and experience to conduct this course.		

Method of Event Evaluation:

(Please submit a copy of the evaluation instrument(s) to be used).

Declaration of interest:

(Please declare your financial , professional and personal interests in delivering this course).

Fees to be charged:**Refund/Cancellation policy:**

For Office Use Only: Date:	No. of Credits Awarded: <input type="text"/>	Application Fee Paid: <input type="text"/> Total: € <input type="text"/>
Accepted: YES <input type="checkbox"/> NO <input type="checkbox"/>	PSI CPD Number: <input type="text"/>	Signed: _____