



Cumann Síceolaithe Éireann
Division of Counselling Psychology

PSI Division of Counselling Psychology Full Membership Application

Details of Applicant

Title:

Surname:

Forename:

Email Address:

PSI Membership No.:

Grade of PSI Membership:

Chartered Fellow

Academic Qualifications

Primary Degree:

Degree Name	Subjects	Awarding Body	Dates (to-from)

Post Graduate Qualification(s):

Course Name	Subjects	Awarding Body	Dates (to-from)

Please attach one of the following to your online application:

Copy of Degree Certificate

Letter from Training Provider (if current Trainee)

To be completed by applicants applying via 3.2 c):

Number of years full time experience (or part-time equivalent) in counselling psychology since completing your formal professional training:

Total number of client hours to date:

Total number of supervision hours to date:

N.B. You must complete and attach the [Supervisors Report Form](#) with your application.

Once completed, please upload this form as a supporting document to your online application with relevant supporting documentation.