**ICP – UKCP cross border registration agreement application form**

|  |
| --- |
| Address |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| City |  |
| County |  |
| Post Code |  |
| Country |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Website |  |

|  |  |
| --- | --- |
| Last Name: |  |
| First Name(s): |  |
| Title |  |

**Please provide the following information**

**Personal details**

Gender: Female □ Male □

**Contact details**

**□ I do not wish my contact details published on the UKCP website.**

**Those psychotherapists who do not wish their contact details to be included on the**

**UKCP website will just appear as name and ICP, the organisation under which you are**

**registered.**

**Professional details**

I work with the following:

- Individuals □

- Couples □

- Groups □

- Families □

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Signature | Date |

**Specialist Interests**

**ICP Declaration**

**I confirm that the above named person is a current full clinical member of the Irish Council**

**for Psychotherapy and appears on the National Register of Psychotherapists**