

IRISH MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

This form is for residents of the Republic of Ireland and can be used for new applications with a start date on or before 31st Dec 2026



OFFICE USE ONLY

MEMBERSHIP NUMBER

FEE

DATE RECEIVED

START DATE

NOTES

Section 1 - Personal Details

1.1 Title

☐ Dr ☐ Miss ☐ Mr ☐ Mrs ☐ Ms ☐ Prof ☐ Rev Other

1.2 First Name(s)

1.3 Last Name

1.4 Address

1.5 Home Phone Number

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1.6 Contact Work or Mobile Number

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1.7 Email Address

1.8 Correspondence Options

- ☐ Tick here if you wish to receive your certificate by email*.
☐ Tick here if you wish to receive your future renewals by email*.
*Please ensure we have an up to date email address.

Section 2 - Supplementary Information

2.1 Have you been a member of PPS before? ☐ Yes ☐ No

If NO, How did you hear about us?

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If YES, What was your previous membership number (if known)?

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2.2 When do you want your membership to start? DD MM 2026

This form is valid for applications starting on or before 31st December 2026.

Please leave the above field blank if you wish a start date to begin as soon as possible. We cannot backdate start dates.

Section 3 - Professional Information

3.1 Which areas of professional work do you wish covered?

☐ Counselling

☐ Psychology

☐ Psychotherapy

If others, please give details:

3.2 Do you work outside the Republic of Ireland? If so, in which Countries?

☐ Yes

☐ No

If you have answered Yes please give details separately as cover has to be approved on an individual basis.

Section 4 - Academic Information

4.1 Are you applying for PPS membership as a

☐ Practicing Professional

—————> You must be professionally qualified and / or a member of a Irish professional body.

☐ Student

—————> All work must be supervised. Please provide name of course and academic institution.

4.2 Qualifications / Current Course of Study (Please use page 4 if you need more space)

title of course	academic institution (& tutors name if student)	dates
Is this course accredited? ☐ Yes ☐ No	If so by whom?	

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Is this course accredited? ☐ Yes ☐ No	If so by whom?	

title of course	academic institution (& tutors name if student)	dates
Is this course accredited? ☐ Yes ☐ No	If so by whom?	

Section 5 - Professional Associations

- 5.1 Are you currently a member of a professional association? ☐ Yes ☐ *No
Details (*If you are not currently a member of a professional association please give details of any ongoing supervision and continuing professional development arrangements under Section 8 - Additional Information on Page 4.)

abbreviated name	full title of professional body	level of membership
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Section 6 - Membership Fees & Payment

- 6.1 Level of Membership Required
For more information please visit www.ppstrust.org

- ☐ **STANDARD BRONZE MEMBERSHIP (€ 86)**
130,000 Members Professional Protection Plan
- ☐ **TOP UP SILVER MEMBERSHIP (€ 130)**
1,300,000 Members Professional Protection Plan
- ☐ **TOP UP GOLD MEMBERSHIP (€ 173)**
2,200,000 Members Professional Protection Plan

All levels of membership include 6,500,000 Public Liability Insurance.

- 6.2 Choose your method of payment

- ☐ **ONLINE PAYMENT**
Simply send off this form to the address below.
Once we receive this form and it is approved,
we will invoice you by email, with details of how to pay.
- ☐ **TELEPHONE PAYMENT**
Complete and return this form.
PPS Staff will call you to take your payment.

PPS cannot accept payment by cheque, bank draft or postal order.

Section 7 - Declaration

- 7.1 I declare that:

- (1) During the past five years no claim has been made against me, any employee or supervisee of mine for negligence, error or omission relating to professional duties;
- (2) I am not aware, after enquiry, of any circumstances which might give rise to a claim against me, any of my employees or supervisees of mine;
- (3) I will not work outside the Republic of Ireland (except where approved by PPS).
- (4) No underwriter in respect of the work that I do has ever refused renewal, terminated an agreement, or imposed special conditions;
- (5) That all the above information is true and complete and that this membership form shall be the basis of the contract between myself and the company.
- (6) Once a member of PPS, I will advise PPS of any problems by phone and in writing as soon as possible as assistance cannot be provided retrospectively. I will also inform PPS in writing of any changes in my circumstances or practice

The information provided in this application form supplied by you, must be true and accurate to the best of your knowledge and this information will be used by the Public Liability Insurance and Medical Malpractice Liability Insurance providers to form the basis of your insurance contract. If the details are correct there is no need to take any further action, if any details are incorrect or incomplete, please contact us to notify us of any errors. If there are any amendments to the above declaration please give details on a separate signed sheet.

Signed

Date

please return to;

PPS, Lime Tree House, North Castle Street, Alloa, FK10 1EX, United Kingdom
Tel: 00 44 333 320 8074 Email: enquiries@ppstrust.org Web: www.ppstrust.org

Psychologists Protection Society and PPS are the trading names for the Psychologists Protection Society Trust (PPST) which is an Introducer Appointed Representative of International Financial Security Ltd which is authorised and regulated by the Financial Conduct Authority - FCA FRN: 969653. PPS is a trading name for the Psychologists Protection Services Ltd (PPSL) which is an Appointed Representative of International Financial Security Ltd which is authorised and regulated by the Financial Conduct Authority - FCA FRN: 969653. Psychologists Protection Society Trust is registered in Scotland No. SC382629. Registered Office: Limetree House, North Castle Street, Alloa, FK10 1EX. Psychologists Protection Services Ltd is registered in Scotland No. SC379274. Registered Office: Limetree House, North Castle Street, Alloa, FK10 1EX.

Section 8 - Additional Information

Please use this page for any additional information in relation to your application.

Signed



Date



please return to;
PPS, Lime Tree House, North Castle Street, Alloa, FK10 1EX, Scotland

Telephone: 00 44 333 320 8074 Email: enquiries@ppstrust.org Web: www.ppstrust.org

*The Psychologists Protection Society takes your privacy and data security seriously. We are registered under the UK Data Protection Act 2018; www.ico.org.uk
Details of our data protection policy can be viewed at www.ppstrust.org/privacy*

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Summary of PPS Premium Prices 2026

		Residents of the United Kingdom	Residents of the Republic of Ireland
Bronze Membership			
Discretionary Trust Fun		£17.00	€ 20.50
Professional Protection Plan *		£42.50	€ 47.65
Public Liability Insurance *		£3.70	€ 4.50
Admin		£12.80	€ 13.35
Total		£76.00	€ 86.00
Silver Membership			
Discretionary Trust Fun		£17.00	€ 20.50
Professional Protection Plan *		£67.37	€ 80.51
Public Liability Insurance *		£3.70	€ 4.50
Admin		£22.93	€ 24.49
Total		£111.00	€ 130.00
Gold Membership			
Discretionary Trust Fun		£17.00	€ 20.50
Professional Protection Plan *		£94.00	€ 116.50
Public Liability Insurance *		£3.70	€ 4.50
Admin		£29.30	€ 31.50
Total		£144.00	€ 173.00

**Where applicable inclusive of Insurance Premium Tax (IPT) at 12%.*

In exceptional circumstances discounts can only be applied by management.

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Medical Malpractice Liability Insurance

Product: Members Professional Protection Plan

Insurance Product Information Document

Insurer: Windward Insurance PCC Limited – PPS Cell is registered in Gibraltar under company number 1004611 with a registered address at PO BOX 484, St Peter Port, Guernsey, GY1 6BL. Windward Insurance PCC Limited is authorised by the Gibraltar Financial Services Commission.

Scheme Administrator: PPS is the trading names for the Psychologists Protection Services Ltd which is an Appointed Representative of International Financial Security Ltd which is authorised and regulated by the Financial Conduct Authority - FCA FRN: 969653.



What is insured?

- ✓ The Plan covers you for work carried out as part of your **Occupation** within the **Territorial Limits** and **Plan Period**.
- ✓ Covers the **Insured** against all sums which the **Insured** shall become legally liable to pay as **Damages** and claimants' costs and expenses in respect of any **Claim** for **Bodily Injury** arising from **Malpractice**
- ✓ **Insurer** agrees to indemnify the **Insured** against **Defence Costs** incurred with the **Insurer's** consent in the defence of any **Claim** which is indemnified under this **Policy**, including **Defence Costs** incurred in:
 - any official investigation, examination, inquiry or other proceedings ordered or commissioned by an official body;
 - any coroner's inquest arising out of the death of a patient of the **Insured**;
 - the prosecution (criminal or otherwise) of the **Insured**;
 - any disciplinary proceedings against the **Insured**,in connection with such **Claim**.
- ✓ If you have a valid claim under the Members Professional Protection Plan, PPS will meet the cost of approved legal support, representation and damages within the limits of the policy working and **Limit Liability** (in the aggregate) over any single **Plan Period**.



What is not insured?

Loss or damage caused by or attributable to:

- ✗ Any claims resulting from misplacement, loss or disclosure of confidential data, records or other information (in paper or digital form) which have been transmitted or stored insecurely or without appropriate encryption.
- ✗ Any claims resulting from inappropriate physical contact with a client.
- ✗ Any claims resulting from telephone or online (audio, video or text based) therapy sessions where the members client is located outside the Territorial Limits.



Are There Any Restrictions On Cover?

- ! The Plan is written on a "Claims Made" basis and cover applies to claims that arise between the start and end dates of the **Plan Period**.
- ! Any exemptions noted in your Members Professional Protection **Plan Certificate**.
- ! Members Professional Protection Plan is packaged with PPS membership. It cannot be purchased or cancelled separately from your membership.



Where am I covered?

- ✓ The Plan covers work carried out in and with clients who are resident in countries named under the **Territorial Limits** in the **Schedule**.



What are my obligations?

- You must observe the terms, conditions and exclusions of the Plan policy wording.
- You must notify PPS of any changes in circumstances within the period of insurance.
- You must notify PPS of any changes in circumstances within the period of insurance.



When and how do I pay?

Payment is required in full prior to issue of the Plan documentation, following the approval of an application.



When does cover start?

The start and end date of the Plan is set out in the **Plan Period**.



How do I cancel the contract?

- You have the right to cancel within 14 days of receiving the contractual terms and conditions where a full refund will be issued. This is referred to as the cooling off period.
- Where you cancel your policy after the expiry of the cooling off period or where you request a mid-term adjustment which results in a refund of premium, PPS may return a pro rata premium to you based on the time on risk.