

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 30th Nov 2021.



OFFICE USE ONLY

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 2 0 2 1

This form is valid for applications starting on or before 30th November 2021.

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

MEMBERSHIP NUMBER

FEE

DATE RECEIVED

START DATE

NOTES

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 seperately as cover has to be approved on an individual basis.

Section 4 - Academic Information

4.1 Are you applying for PPS membership as a

Practising 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)*

<i>title of course</i>	<i>academic institution (& tutors name if student)</i>	<i>dates</i>
<i>Is this course accredited?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If so by whom?</i>	

<i>title of course</i>	<i>academic institution (& tutors name if student)</i>	<i>dates</i>
<i>Is this course accredited?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If so by whom?</i>	

<i>title of course</i>	<i>academic institution (& tutors name if student)</i>	<i>dates</i>
<i>Is this course accredited?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If so by whom?</i>	

<i>title of course</i>	<i>academic institution (& tutors name if student)</i>	<i>dates</i>
<i>Is this course accredited?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If so by whom?</i>	

<i>title of course</i>	<i>academic institution (& tutors name if student)</i>	<i>dates</i>
<i>Is this course accredited?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If so by whom?</i>	

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(€73)**
€130,000 Members Professional Protection Plan
- TOP UP SILVER MEMBERSHIP(€119)**
€1,300,000 Members Professional Protection Plan
- TOP UP GOLD MEMBERSHIP(€162)**
€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

- Cheque, Postal Order or Bank Draft**
(Complete and return this form with payment.
Make payable to Psychologists Protection Society.
Payment must be in Euros, We cannot accept Pounds Sterling)
- Payment by Credit / Debit Card by Telephone**
(Complete and return this form. PPS Staff will call you
to take your payment. Please ensure your phone number at the
top of this page is correct)
- Payment by Credit/Debit card online**
(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 – please ensure your email address is correct.)

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*

If there are any amendments to the above declaration please give details on a separate signed sheet.

Signed 	Date 
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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

Psychologists Protection Society and PPS are the trading names for the Psychologists Protection Society Trust (PPST). All plans and insurance policies are arranged and administered by Psychologists Protection Services Ltd (PPS Ltd). For the purposes of introducing insurance, the Psychologists Protection Society Trust (PPST) is an Introducer Appointed Representative of SWIM Ltd, and for the purposes of administering insurance Psychologists Protection Services Ltd (PPS Ltd) are an Appointed Representative of SWIM Ltd. SWIM Ltd is authorised and regulated by the Financial Conduct Authority. Psychologists Protection Services Ltd is registered in Scotland No. SC39274. Registered Office: PPS, Lime Tree 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 

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