



Institiúid na gComhairleoirí Treorach  
INSTITUTE OF GUIDANCE COUNSELLORS

- See notes overleaf.

## Student Member Application

Personal Details							
Surname		First Name		Middle Name		Title	
Work Address				Home Address			
Sch Roll No.				Street			
Job Title				Street			
Department				Town			
Org/Sch				County			
Street				Date of Birth		/ /	
Town				Mobile Phone			
County							
Work Telephone		Work Fax		Home Telephone		Home Fax	
Area Code	Number	Area Code	Number	Area Code	Number	Area Code	Number
Work Email				Home Email			
Preferred Mailing Address			Home <input type="checkbox"/>		Work <input type="checkbox"/>		
I have read the IGC Constitution and Code of Ethics. I state that I am prepared to uphold the standards and conditions as outlined in these documents.							
Signature: _____				Date: _____			
Qualifications (M.A., H.Dip. etc)		Institution		Year of Award		Award Type Under Grad, Post Grad	
Qualification being sought		Institution		Graduation Year			
<b>Name and Signature of Course Director/Faculty Member.</b>							

PTO

Host Counsellor Member Details		
Surname	First Name	Title
	<b>Work Address</b>	
<b>Institution/School</b>		
<b>Street Address 1</b>		
<b>Street Address 2</b>		
<b>Town</b>		
<b>County</b>		
<b>Telephone</b>		
<b>Signature</b>		

In which of the following areas are you currently working? please tick Yes or No		
Full-time Student	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 <sup>nd</sup> Level Guidance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Private Practice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adult Guidance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Third Level Careers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Third Level Counselling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Further Education College	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other? Please specify		

1. Please use **BLOCK CAPITALS** except where signatures are required
2. Enter "N/A" in any box that does not apply, please tick Yes or No in the tick boxes
3. The date of birth is used solely for age profiling and will not be used or disclosed for any other purpose.
4. Job Title, Guidance Counsellor, Careers Advisor, Careers & Appointments Officer, Course Director, etc.
5. Sch Roll No: If you are employed in a Second Level School, then this is the Dept of Education School Roll Number.
6. Return this Form when complete and a cheque/postal order for the relevant fee payable to: Institute of Guidance Counsellors.
7. Please check the web for the current fees
8. For payments not made by your personal cheque write your name on the back of the cheque.
9. The Minister for Education and Science has stated that fees for membership of Professional Organisations are a legitimate school expense.
10. The preferred mailing address is the address to which correspondence will normally be sent, during school holiday's internal IGC correspondence will be sent to the home address.

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 Email: [igc@eircom.net](mailto:igc@eircom.net) Web: [www.igc.ie](http://www.igc.ie)

Member of: International Association for Educational and Vocational Guidance (IAEVG) European Association for Counselling (EAC) Euro Orientation