



# Institute of Guidance Counsellors

## Application for Inclusion on Private Practitioners List

PLEASE COMPLETE IN BLOCK CAPITALS		
IGC Membership No.		
First Name	Family Name	
Address		
<i>Please Indicate Applicable Items Below</i>		
	Yes	No
Second Level Student		
Third Level Students		
Adult Guidance		
Testing Level A		
Testing Level B		

I understand that I must operate within the guidelines of the Code of Ethics of the IGC. I also understand that I must carry suitable insurance in respect of any liability that may arise from my practice. The IGC accepts no liability whatsoever as a result of providing this service.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the form above and return it with fee of €250.00 before 1<sup>st</sup> March to be included in the Private Practitioners Listing to: Institute of Guidance Counsellors, Basement, 17 Herbert Street, Dublin 2.