

New IFS admissions policy for IRELAND Effective from January 1, 2025

Thank you for your interest in IFS and in IFS Institute's training programs.

As you begin the enrollment process, we would like to provide you with important information on our programs and details of our admissions policy.

IFS Institute Level 1, 2 and 3 IFSI Trainings

The IFS model is an evidence-based modality of psychotherapy as well as a theory of the mind and for some, an approach to living a more compassionate life.

The IFS Institute's Level 1, 2 and 3 trainings are specifically designed to provide instruction in the evidence-based psychotherapy model. Our training programs provide continuing education in the IFS model for established mental health care professionals with existing mental health care education, experience and credentials.

The IFS Institute's trainings are deeply experiential, combining lectures, question and answer sessions, demonstrations and individual practice in the presence of skilled and experienced therapists. These trainings provide a 3:1 participant to program assistant ratio to ensure a high degree of support as participants learn and practice the model.

The IFS Institute's trainings provide instruction in the IFS model alone and do not attempt to provide the educational foundation necessary to provide mental health care.

What this means for our Admissions Policy:

IFS Institute invites professionals who are providing mental health care in compliance with applicable national/regional/local laws and regulations to apply to our Level 1,2 and 3 programs.

As a qualified mental health care professional, you are responsible for applying the learnings from your IFS Institute trainings in compliance with your professional standards and scope.

Admissions Policy

Considering the above, all applicants to an IFS Institute Level1 training filing their applications from January 1, 2025, must make the following formal declarations in writing to the IFS Institute training organizer and the IFS Institute. IFS Institute and the organizer shall rely entirely on the applicants' declaration below when it comes to their credentials, licenses, membership or registrations and will accept no liability in case of any misrepresentation:

I fully acknowledge the description of the IFS Institute trainings above and the implications of this in IFS Institute's admissions policy to join an IFS Level 1.

I attest that I comply with all applicable regulations to practice as a mental health care professional in my region, within my scope of practice.

My attestation above is based on my accreditation as, and/or on my current membership or registration in the following professional associations in my region (please mark as appropriate):

A. Professionals whose primary role is as a Psychotherapist/Counsellor
(please confirm that **ALL** the following statements are true for you):

- I am an accredited **Psychotherapist OR Counsellor** with a significant proportion of my current primary role being one-to-one psychotherapy/counselling..... ☐
 - I have successfully completed training in **psychotherapy/ counselling** to at least Level 6 on the National Framework of Qualifications (NFQ) in Ireland ☐
 - I am an accredited member in good standing of a professional body relevant to my counselling and psychotherapy qualification..... ☐
- Please indicate the name of the relevant professional body and your membership number: _____
- _____ ; **AND**
- I am currently under professional supervision by a clinical supervisor/therapist..... ☐

B. Professionals whose primary role is not as a Psychotherapist/Counsellor but currently involves a significant proportion of mental health work (please confirm that **ALL** the following statements are true for you):

- I am a mental health professional in the following category (*please mark as appropriate*):
 - Clinical Psychologist ☐
 - Counselling Psychologist ☐
 - Psychiatrist ☐
 - Other Medical Doctors with specific mental health related training ☐
 - Registered Mental Health Nurse ☐
 - Registered Learning Disability Nurse ☐
 - Occupational Therapist..... ☐
 - Registered Social Worker..... ☐
 - I am an accredited member in good standing of a professional body for my primary role..... ☐
- Please indicate the name of the relevant body and your membership number: _____
- _____
- I am trained to at least Level 7 on the National Framework of Qualifications (NFQ) in Ireland in my core mental health profession marked above..... ☐



- I am able to recognize and assess common mental health presentations; **AND**..... ☐
- I have additional training and/or experience in one-to-one clinical therapeutic approaches to trauma..... ☐

Please indicate the name of the relevant therapeutic modality:

I declare that my accreditation/membership/registration marked above includes a professional scope of practice and a formal complaint process.

Finally, I'm fully aware and accept that:

- *Earning the Certificate of Completion for an IFS official Training Program is not the same as being IFS Certified. Completion of an IFS Training Program does not guarantee eligibility to engage in the IFS Certification process. IFS Certification is a separate, advanced process that individuals can undertake to demonstrate IFS skills. To become IFS Certified, one must meet the prerequisites for, and successfully complete, the IFS Certification process. Please visit IFS Institute Certification for details about prerequisites and other important information.*
- *If at any time IFSI and/or the Organizer learns that a participant misrepresented their credentials or other information during the Application and/or Registration processes, IFSI and/or the concerned Organizer reserves the right to withdraw the participant before or after the training begins, without any refund”.*

These criteria will be reviewed and updated in line with relevant changes e.g. in Irish regulatory frameworks or IFS Institute policy.

Number/reference of training applied: _____

Signature: _____

Date: _____