



Application for membership of UKCP

Full Clinical Psychotherapist 2017–2018

UKCP welcomes applications from qualified psychotherapists.

All the fields in bold are required for membership and must be completed in order to be registered. Please do not leave any fields blank as this may delay processing your membership.

Please ensure that the information that you provide is accurate and clearly legible, and that you read and sign the declaration, on page 3.

The organisational member declaration on page 6 must be completed by your training or accrediting organisational member.

There are guidance notes at the end of this form.

For a full list of membership benefits please visit www.psychotherapy.org.uk/join

Application form

Fields marked in bold are required

Personal details

Forename _____
Surname _____
Title _____
Date of birth _____
Gender _____

Contact details 1 **CONFIDENTIAL – FOR UKCP USE ONLY**

Address line 1 _____
Address line 2 _____
Address line 3 _____
Town _____
County _____
Full postcode _____
Country _____
Telephone 1 _____
Telephone 2 _____
Email _____

Contact details 2 **PUBLIC – USED ON OUR WEBSITE**

Address line 1 _____
Address line 2 _____
Address line 3 _____
Town _____
County _____
Full postcode _____
Country _____
Telephone 1 _____
Telephone 2 _____
Email _____
Website _____

Wheelchair access at this address? YES NO

Do you want referrals via our website? YES NO

Do you speak any languages other than English (please list) _____

Organisational membership details

Accrediting UKCP Organisational Member _____

Other UKCP Organisational Member _____

Other professional organisations _____

Training organisations _____

Applicant declaration

I have read and understand the Code of Ethics and Code of Practice for the UKCP organisational member through which I am registering. I am aware of the UKCP's minimum ethical requirements document upon which these documents are based.

I understand that by registering with the UKCP I am agreeing that I will work within the boundaries of the ethical framework that these documents define. I recognise that I am also agreeing to challenges to my practice and conduct as a psychotherapist being tested through the UKCP's framework for complaints. I understand my responsibility to provide suitable information about ethical codes and complaints processes if requested to do so.

I am aware of the Continuing Professional Development and re-accreditation requirements specified by the organisational member through which I am registering and the UKCP College to which that organisational member belongs. I confirm that I have met these standards and submitted all relevant documentation. I understand my responsibility to maintain appropriate records of all of my professional activities. I agree to provide details and evidence of this if selected for UKCP's audit process.

I accept that the UKCP Certificate is UKCP's property and that it should be returned to UKCP if requested.

I understand that in pursuit of the provision of a regulatory framework for the profession of psychotherapy, UKCP will hold and process the information that I have provided in accordance with their policies and procedures (further details of UKCP's Data Policy is available upon request).

Complaints

Please read the following and advise us if any apply to you.

Complaints Have there been any complaints made against you? NO YES

Criminal offences & cautions Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? NO YES

Disciplined by a professional body Have you been disciplined by any professional body or membership organisation responsible for regulating or licensing a health or social care profession? NO YES

Suspensions & restrictions Have you been suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to your practice of psychotherapy, competence or health? NO YES

If you have answered yes to any of the questions in the Complaints section, please send details in a separate envelope, marked CONFIDENTIAL to:

The Professional Conduct Officer, UK Council for Psychotherapy (UKCP)
2nd Floor, America House, 2 America Square, London EC3N 2LU

Please confirm that you are aware of, and comply with, the appropriate regulation/laws related to the practice of psychotherapy/psychotherapeutic counselling in the country where you are practising.

Please explain what arrangements you have in place to ensure that your professional work is adequately covered by appropriate indemnity insurance.

Data protection

UKCP's Data Protection Policy gives details about how data is handled. It includes details on how sensitive information will be protected and used (further details of UKCP's Data Policy is available on the UKCP website).

I understand that my email address will be used for sending UKCP information.

I understand that in pursuit of the provision of a regulatory framework for the profession of psychotherapy, UKCP will hold and process the information that I have provided in accordance with their policies and procedures (further details of UKCP's Data Policy is available on the UKCP website).

I declare that all the information provided on this form is correct and accurate and I understand that failure to disclose relevant information could result in my membership being withdrawn.

Name

Signed

Date

/ /

Payment options

The annual fee for UKCP membership is £250. Each year all UKCP members renew at the same time. This means for those whose form is received in November will be asked to pay for 11 months, those in December for 10 months and so on. Please see the table below for the fee you will be required to pay.

I would like to pay for my UKCP membership by (please tick the relevant box):

Annual Direct Debit A discounted subscription of £240 is available for members who pay by Direct Debit. Please complete the Direct Debit mandate form (see next page).

Credit or debit card If you would like to pay by card please provide a phone number we can call you on to take a card payment when we have processed your application form.

Telephone _____

Security Password

Please provide us with a password so that when we call you to take payment we can verify we are calling from the UKCP: _____

Fees

Joining Month	Portion of Year	Membership Fee	Direct Debit Membership Fee
Oct 2017	12/12ths	£250.00	£240.00
Nov 2017	11/12ths	£229.17	£220.00
Dec 2017	10/12ths	£208.33	£200.00
Jan 2018	9/12ths	£187.50	£180.00
Feb 2018	8/12ths	£166.67	£160.00
Mar 2018	7/12ths	£145.83	£140.00
Apr 2018	6/12ths	£125.00	£120.00
May 2018	5/12ths	£104.17	£100.00
Jun 2018	4/12ths	£83.33	£80.00
Jul 2018	15/12ths	TBC	TBC
Aug 2018	14/12ths	TBC	TBC
Sep 2018	13/12ths	TBC	TBC

If you are unsure how much you should pay please call membership on 020 7014 9955 and select option 1.

If you are paying by Direct Debit or credit/debit card, we will confirm the correct amount to you before payment is taken.



UK Council Psychotherapy

Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

UK Council for Psychotherapy
2nd Floor
America House
2 America Square
London EC3N 2LU

Name(s) of Account Holder(s)

Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Reference

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Service User Number

2	5	0	9	3	1
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FOR PSL re UK Council Psychotherapy OFFICIAL USE ONLY
 This is not part of the instruction to your Bank or Building Society.
Important – Please complete these details:

Account Holder(s) Name & Address:

Name:
Address:
Postcode:
Email Address:

Instruction to your bank or building society
 Please pay PSL re UK Council Psychotherapy Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PSL re UK Council Psychotherapy and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DD11

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit PSL re UK Council Psychotherapy will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request PSL re UK Council Psychotherapy to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by PSL re UK Council Psychotherapy or your bank or building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building Society - If you receive a refund you are not entitled to, you must pay it back when PSL re UK Council Psychotherapy asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building Society. Written confirmation may be required. Please also notify us.

FOR ORGANISATIONAL MEMBER USE ONLY

Organisational member chair declaration

I have taken all reasonable measures to check that

Name of applicant

has provided truthful and accurate information. I declare that this person is, by the rules of our organisation, suitable to be on the UKCP Register with the modality of:

Modality accredited for

Name of chair

Organisational member

Signed

Date

/

/

Organisation's stamp:

Guidance notes

The following notes are provided to assist you in completing the application form and to clarify what UKCP requires and how we will use the information that you provide. If you require further assistance or would like to read the documents referred to in this form please visit our website www.psychotherapy.org.uk.

Addresses

It is important that UKCP has an appropriate address at which to contact each member.

This 'confidential' contact address is the address to which you would prefer postal items from UKCP to be sent. Postcodes are very important. Please ensure that you enter yours correctly.

A public address is required for the UKCP Register; this may be your name and town only. However, for your profile to show on Find a Therapist you must provide a full postcode with your town and county.

Please note: As a minimum the town or county in which you practice or are resident will be shown against your name on our website, and in our responses to public enquiries. This is to assist the public in identifying and differentiating between members with the same or very similar names.

Email

Most UKCP communication with members is done by email. You can control which emails you receive from us by logging in to our website - you will be able to do this when your application has been processed.

Please make sure that your email address is clear as it is easy to confuse certain characters (for example l and 1).

Telephone

Please ensure that you enter a contact telephone number and that it is in the correct section of the form (for example, UKCP use only, or for public use).

Training and professional membership details

It is important that we know about other professional bodies to which you belong. UKCP is working with other voluntary regulators and professional bodies to improve appropriate information sharing strategies for regulatory matters. We will inform you in writing if we need to communicate to your other membership bodies about your membership. Any communication would be in accordance with UKCP policy and the data protection act.

Please ensure that you identify all UKCP and other organisations at which you have trained in psychotherapy. This information will be used to allow cross checking of qualification, accreditation and training standards details. This is important in providing a sound regulatory framework.

If you have achieved your membership via an accreditation process please ensure that you clearly indicate through which organisation this was originally achieved. For more information on achieving accreditation please go to our website: www.psychotherapy.org.uk.

Return of forms and payment

All membership application forms must be sent to the organisational member through which you are registering. Your organisational member will countersign your completed form and use it to update their records and forward back to you.

Once your organisational member has countersigned your form, please forward it to UKCP with a contact telephone number if you would like to pay by credit/debit card or a completed Direct Debit mandate form if you would like to pay by annual Direct Debit.

The address to return this form to is:

UK Council for Psychotherapy
2nd Floor, America House
2 America Square
London
EC3N 2LU

Membership Team: 020 7014 9955 (Select Option 1)