

2nd Floor, America House
2 America Square
London EC3N 2LU
Tel: 020 7014 9955
Fax: 020 7014 9977
Email: membership@ukcp.org.uk
www.psychotherapy.org.uk

Application for membership of UKCP

Trainee membership 2017–2018

We welcome trainee therapists into membership to allow them to access appropriate benefits to support their clinical practice as they work towards qualification.

It is available to trainees who are in the process of completing a training course and the required clinical practice hours with a UKCP organisational member that takes supervisory responsibility for any clinical practice of the trainee.

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

Terms and conditions

- UKCP trainee therapist membership is available to trainees who are in the process
 of completing a training course and the required clinical practice hours with a UKCP
 organisational member that takes supervisory responsibility for any clinical practice of the
 trainee.
- 2. The training committee of the organisational member may recommend the trainee therapist on the following criteria, that the trainee:
 - a) has shown their good conduct and professional standing with their organisational member
 - b) is aware of and adheres to their organisational member's codes of ethics/practice/ conduct
 - c) has completed their coursework to a satisfactory level and demonstrated that they are ready to commence clinical work, or have received a relevant certificate of training.
 - d) retains membership of their training or organisational member for the entire duration of UKCP trainee therapist membership.
- 3. Trainee therapist membership constitutes an associate membership of UKCP:
 - a) They are eligible to be included in a listing by the UKCP as 'UKCP trainee therapist' only
 - b) They do not have voting privileges at any UKCP elections
 - c) Responsibility for adherence to codes of conduct and complaints processes and any other regulatory responsibilities lie exclusively with the trainee therapist's training organisation.



Application form

Personal details						
Title						
Forename						
Surname						
Date of birth						
Gender						
Confidential address						
Address						
Town						
County						
Full postcode						
Telephone						
Email						
Course details						
Name of UKCP organisational memb	per					
Name of course being studied						
Course dates	Start		/	Finish		/
Expected date of completion of						
studies and/or accreditation		/	/			
Applicant declaration (pleas	se tick as ap	propria	ite)			
I, the undersigned:						
confirm that I maintain a forma training organisation/organisati course and achieving my profes codes of ethics, conduct/practic	ional memb ssional quali	er, for t ification	he purpo and that	se of comple : I have agree	ting a tr	aining
confirm that under the above n made and await resolution.	o complain	ts again	st me ha	ve been upho	eld, or ha	ave been
onfirm that I see clients/patier	nts in a sup	ervised	training	practice/plac	ement.	
confirm that my supervisor is:						
Name		Position	1			
Supervisory qualifications/accre	ditation					
Membership of professional boo	dy(s)					
Amount of supervision: frequer with clients/patients:	ıcy of super	rvision, a	and ratio	or minutes p	per 50/6	0 minutes

Signed	Date	/	/
Name			
I declare that all the information provided on th understand that failure to disclose relevant info withdrawn.			
☐ I understand that my email address will be ☐ I understand that in pursuit of the provision profession of psychotherapy, UKCP will hold provided in accordance with their policies a Policy is available on the UKCP website).	on of a regulatory framew d and process the informa	ork for that	e I have
UKCP's Data Protection Policy gives details about the sensitive information will be protected and available on the UKCP website.	used. Further details of I	UKCP's Da	ta Policy is
Data protection			
Please explain what arrangements you have i is adequately covered by appropriate indemn	•	ur profess	sional work
agree to inform UKCP if a complaint is made training organisation/organisational member trainee therapist membership for any other	er's codes or if I become in	•	•
agree that I will ensure the term and descr trainee psychotherapeutic counsellor' is use I use.			
confirm that I am aware of, and comply wit to the practice of psychotherapy/psychoth I am training.			
confirm that I have signed a contract for, an requirements of the above training including	•		

Payment options

The annual fee for UKCP Trainee Therapist membership is £62. Each year all UKCP members renew at the same time in October. 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.

All trainee grade memberships must have a Direct Debit set up, please fill in the form on the following page and return with your completed application form.

Fees

Joining Month	Portion of Year	Direct Debit
		Membership Fee
Oct 2017	12/12ths	£62.00
Nov 2017	11/12ths	£56.83
Dec 2017	10/12ths	£51.67
Jan 2018	9/12ths	£46.50
Feb 2018	8/12ths	£41.33
Mar 2018	7/12ths	£36.17
Apr 2018	6/12ths	£31.00
May 2018	5/12ths	£25.83
Jun 2018	4/12ths	£20.67
Jul 2018	15/12ths	TBC
Aug 2018	14/12ths	TBC
Sep 2018	13/12ths	TBC

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

Completion of application

Once your organisational member has countersigned your form (see page 5), please forward it to UKCP.

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

Instruction to your

bank or building society

to pay by Direct Debit





UK Council Psychotherapy

Please fill in the whole form including official use box using a ball point pen and send it to: Service User Number **UK Council for Psychotherapy** 2nd Floor FOR PSL re UK Council Psychotherapy OFFICIAL USE ONLY America House This is not part of the instruction to your Bank or Building Society. Important - Please complete these details: 2 America Square Account Holder(s) Name & Address: **London EC3N 2LU** Name: Name(s) of Account Holder(s) Address Postcode: Bank/Building Society account number **Email Address: Branch Sort Code** 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 Name and full postal address of your Bank or Building Society remain with PSL re UK Council Psychotherapy and, if so, details will be Bank/Building Society passed electronically to my bank/building society. Address Signature(s) Date Reference Banks and Building Societies may not accept Direct Debit Instructions for some types of account

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.

DDI1



FOR ORGANISATIONAL MEMBER USE ONLY

Organisation's stamp:

Organisational member representative declaration

The training committee of the organisational member may recommend an individual for UKCP Trainee Therapist Membership if the trainee:

- has shown their good conduct and professional standing with their Organisational Member
- b) is aware of and adheres to their organisational member's codes of ethics/practice/conduct
- c) has completed their coursework to a satisfactory level and demonstrated that they are ready to commence clinical work, or have received a relevant certificate of training.
- d) retains membership of their organisational member for the entire duration of their UKCP Trainee Therapist Membership.

I have read the terms and conditions (above) and confirm that				
Name of applicant				
Name of course				
meets these criteria and I recommend that	at they become a UKCP ⁻	Trainee Thera	pist Member.	
Name (Organisational Member			
Signed	Date	/	/	