UK Association for Humanistic Psychology Practitioners

**Full Accredited Member: Psychotherapeutic Counsellor** *(Registered)*

***UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors***

**- APPLICATION FORM -**

*(Experience Route)*

# The UKAHPP welcomes applications from practitioners working in the United Kingdom who meet the published criteria for *UKAHPP Full Accredited Membership* in the category of *Psychotherapeutic Counsellor (Registered)* incorporating inclusion on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors*. Please read accompanying guidance notes.

# Applications are to be submitted on the latest version of the *Application Form* in black *‘Arial’* font and return with supporting documents as ‘*PDF’* email attachments to admin@ahpp.org.uk Alternatively, send 9 collated copies of your application form and supporting documents by post at the address below. Hand written applications are only acceptable with prior arrangement with the UKAHPP Administrator.

# The UKAHPP will hold information provided by applicants in accordance with Data Protection requirements. Information relating to unsuccessful application will be deleted from UKAHPP’s records 18 months following submission.

# Part A:

**1. Experience Route:**

To be completed by applications under the 10 year post-qualifying Experience Route, combining training and experience equivalent to:

* **Level 6** or above of the *Quality Assurance Agency: Framework for Higher Education Qualifications of UK Degree Awarding Bodies* (Bachelor’s Degree, Graduate Diploma; Graduate Certificate).
* **450** tutor contact hours
* **450 hours of supervised practice** in a recognised placement(s)
* **1 hour** of supervision to **6 hours** of client contact.
* **105 hours** of personal therapy

|  |  |
| --- | --- |
| Please state ***‘YES’*** if the above criteria applies to your training.  |  |

**Part B:**

**1. Personal Details:**

|  |  |
| --- | --- |
| **SECOND Name:** |  |
| **FIRST Name(s):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Nationality:** |  |
| **UKAHPP Membership No:** | *If Applicable* |
| **Telephone Numbers:** |  |
| **Email Address:** |  |
| **Website Address:** |  |

**2. Work Experience:** Please provide a list of your experience as a practicing Psychotherapeutic Counsellor, paid or voluntary over the past 10 years – most recent first.

*Note 13*

|  |  |  |
| --- | --- | --- |
| **Dates** | **Organisation** | **Job Title/Description** |
|  | *Please do* ***not*** *use abbreviations*  |  |

**3. Type of Work Experience:** Please indicate the type of work experience you have as a Psychotherapeutic Counsellor – tick more than one box if necessary.

**NHS Local Authority**

**Self Employed Education**

**Charity/Voluntary Sector Business/Commercial**

**Other *- please specify***

**4. Professional Registration and Accreditation:** Please attach scanned certificates of all statutory and voluntary *registration* and *accreditations* you currently hold.

*Note 20*

|  |  |  |  |
| --- | --- | --- | --- |
|  **Date** | **Number** | **Category of Registration, Accreditation** | **Organisation** |
|  |  | *Please do* ***not*** *use abbreviations*  | *Please do* ***not*** *use abbreviations* |

**5. UKAHPP Accreditation:** Have you previously applied for Full Membership of the UKAHPP?

Yes No

|  |
| --- |
| *If ‘yes’ please give details:* |

Note 8

**Part C: Training and Practice**

# 1. Training: Please list all formal training courses completed and qualifications awarded – not do include CPD courses. Continue on a separate sheet if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Title, Qualification and Award Level** | **Start and End Dates****Start End****d/m/y d/m/y** | **Tutor contact hours:****State weekly /weekend workshops/residential****and hours of each training element** | **Entry** **Requirements** | **Assessment** **Method** | **Name of Training Organisation and Awarding Body** |
| *Please do* ***not*** *use abbreviations*  |  |  | . |  |  |  |
|  |  |  | **Total tutorcontact hours:** |  |  |  |

# 2. Personal and Professional Development/Continual Professional Development: Please list all relevant activities with supporting evidence such as certificates of attendance. Continue on a separate sheet if necessary.

*Note 11*

|  |  |  |  |
| --- | --- | --- | --- |
| **Start and End Dates****Start End****d/m/y d/m/y** | **1. Own-therapy/counselling:****Name and Orientation of your Psychotherapist/Counsellor****2. Type of CPD activity (books, workshops etc)** | **Type (e.g. group, individual etc.) and Orientation of Therapy/Counselling****Details of CPD Activity***Please list any publications you have written on a separate sheet* | **Session****Frequency****Hours of Each CPD Activity** |
|  |  | *Please do* ***not*** *use abbreviations*  |  |  |

**3. Future Personal and Professional Development:** Please indicate your plans for future CPD and personal development.

*Note 12*

|  |
| --- |
| ***Continue on a separate sheet if necessary*** |

**4. Practice:** Please state total of client numbers hours over the last 5 years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year:** |  |  |  |  |  |
| **Hours:** |  |  |  |  |  |

**5. Practice:** For the most recent year please complete the grid below, showing number of clients seen:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At least weekly** | **Fortnightly** | **Less frequently** |
| **Long Term:** |  |  |  |
| **Time Limited:** |  |  |  |

**6. Supervision:** Please list all supervision you have received over the past 10 years – individual, peer or group format – most recent first.

*Note 14*

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Supervisor’s Name Orientation & Accreditation** | **Hours Per Month** | **Format** |
|  |  |  |  |

**7. Case Study:** Please provide a 3,000-5,000 word case study demonstrating how you have worked with a client, the application of theory and the use of supervision – see guidelines.

*Note 6*

|  |
| --- |
| ***Continue on a separate sheet*** . |

**8. Humanistic Practice Statement:** Please confirm that you have completed a minimum of 1,000 practice hours and provide a statement of 500 words approximately, about your practice including client group and which demonstrates how humanistic principles are integrated into your practice.

*Note 7*

|  |
| --- |
| ***Continue on a separate sheet if necessary***.*You may make reference to how certain theorists or theories inform your practice. .*  |

**9. Personal Therapy:** Please list therapy you have received – 105 hours minimum required, you may include therapy undertaken as part of your training

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Therapist** | **Period seen** | **Total Hours** | **Notes including Qualifications/Orientation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Part D: Notification of Practice

## 1. Indemnity Arrangements:

I declare that I hold appropriate cover under an indemnity insurance arrangement with my employer or a valid insurance policy in relation to my practice and attach ***evidence*** of such. I will also provide additional information if required by UKAHPP.

|  |  |
| --- | --- |
| If the above statement is applicable to you please confirm with a ***‘YES’*** |  |

## 2. Continued Professional Development (CPD):

I agree to undertake at minimum of **250 hours** of *Continual Professional Development*, relevant to my practice, over a **5 year** period, with a minimum of **20 hours** in any given year. Evidence of my CPD over the past 5 years is attached. I will provide additional information if required by UKAHPP.

|  |  |
| --- | --- |
| If the above statement is applicable to you please confirm with a ***‘YES’*** |  |

## 3. Supervised Practice:

I declare that I have and will continue to have an on-going ***supervision*** arrangement conducive to my Humanistic practice and have submitted a ***Supervisor’s Report*** in support. I will provide additional evidence if required by UKAHPP.

|  |  |
| --- | --- |
| If the above statement is applicable to you please confirm with a ***‘YES’*** |  |

## 4. Therapeutic Executor:

I declare that I have a *Therapeutic Executor* or alternative arrangements with my employer or place of work in the event of sudden or prolonged absence or death.

|  |  |
| --- | --- |
| If the above statement is applicable to you please confirm with a ***‘YES’*** |  |

## 5. Complaints:

Have you had any professional complaints brought against you in the past 5 years that?

* Have been upheld and sanctions applied.
* Are currently being processed.

|  |  |
| --- | --- |
| Answer ***‘YES’*** or ***‘NO’* -** If ***‘yes’*** please give details on a ***separate sheet.*** |  |

## 6. Criminal Convictions:

Do you have any criminal convictions prejudicial to your fitness to practice?

|  |  |
| --- | --- |
| Answer ***‘YES’*** or ***‘NO’*** - If ***‘yes’*** please give details on a ***separate sheet***. |  |

Do **NOT** disclose any offences previously reported to UKAHPP; or any fixed penalty motoring offences, unless you were disqualified from driving.

# Part E. Declaration:

I wish to apply for *UKAHPP Full Accredited Membership* in the category of *Psychotherapeutic Counsellor (Registered)* under the 10 year experience route combining training and experience; for my name to be included on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors;* and declare that:

1. I have successfully completed the equivalent of a *level 6* *Humanistic* training in Psychotherapeutic Counselling or equivalent in accordance with the published criteria for *UKAHPP Full Accreditation Membership: Psychotherapeutic Counsellor*.
2. I am in practice in the United Kingdom as a Humanistic *Psychotherapeutic Counsellor* with a minimum of *3 adult supervised client contact hours* per week and that I will abide by the *UKAHPP Code of Practice* and *Ethical Principles*. I also understand if I elect to be sponsored by UKAHPP for *UKCP Registration* under the PCIP College my practice will be governed under the *UKCP Central Complaints Procedure*.
3. I will be held accountable for my professional conduct under the *UKAHPP Complaints Procedure* and the *UKAHPP Disciplinary Procedure* and understand that even if my registration has lapsed I will still be held accountable for my professional conduct during the period I was registered.
4. I agree to abide to the terms and conditions relating to a registrant’s use of the *UKAHPP, PSA and UKCP* names and logos.
5. My health (physical and mental) and character are of sufficiently good standing to enable me to practice safely and effectively with members of the public.
6. I will complete and return to the UKAHPP an *Annual Notification of Practice and Registration Renewal Declaration Form* and will provide additional *Personal Identity* and other information if required by UKAHPP.
7. I understand that my name and professional status will be included on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors* and that any complaints and sanctions upheld against my practice will be published in the public area of the UKAHPP website.
8. I understand that unsuccessful applicants may submit a written request to the *Chair of the Accreditation Committee* for a review of this decision, with evidence as to how any identified omissions to the published criteria for UKAHPP Psychotherapeutic Counsellor Accreditation have been complied with; and that the *Accreditation Committee’s* decision will be final.
9. The information contained in this *Application Form* is true and accurate.

**Signature\*:** ........................................................................ **Date:** ….**/**….**/**….

***\*****Electronic facsimile accepted*

**Completed Forms:** Please check on the *UKAHPP Website* to ensure that you have completed the most **recent version** of the Application Form and return with supporting documents as ***PDF*** email attachment to admin@ahpp.org.uk OR post **9 collated copies** of your application form and all supporting documents to:

***UKAHPP Administrator (Accreditation Committee)***

***Box BCM AHPP***

***27 Old Gloucester Street***

***London***

***WC1N 3XX***

**Checklist:** Please ensure you complete all sections of the application form (most recent version) including:

* Evidence of equivalent Level 6 QAA Framework training – Certificates etc as ***PDF*** attachments
* 3,000-5,000 word Case Study
* 500 word statement on your Humanistic practice
* Indemnity Insurance evidence
* Evidence of UKAHPP Registration
* Complaints and conviction details (if applicable)
* Supervisor’s Report – signed by supervisor and supervisee
* Referee’s Statement
* Non-refundable fee of £200 – Payable to ‘***UKAHPP***’.

**Unsuccessful Application:** In the event of an unsuccessful application, a written request can be made to the Chair of the UKAHPP Accreditation Committee for the decision to be reviewed by the Accreditation Committee. Evidence is to be provided as to how identified omissions to the published criteria for UKAHPP Psychotherapeutic Counsellor Accreditation have been complied with. The UKAHPP Accreditation Committee’s decision will be final.

**Data Protection:** The UKAHPP will hold information provided by applicants in accordance with Data Protection requirements and will delete information relating to unsuccessful applications from its records 18 months following submission.

**Public Protection:** To enhance public protection and the promotion of confidence, the UKAHPP will share and seek information about the professional standing of applicants from other register holders and professional organisations.

**Documentation:** Please list all documents submitted in support of your application.

Note 5

|  |
| --- |
| *Please continue on a separate sheet as necessary* |

September 2018