UK Association for Humanistic Psychology Practitioners

**Full Accredited Member: Psychotherapeutic Counsellor** *(Registered)* ***UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors*  - APPLICATION FORM -**

*(Training 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 *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](mailto: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. Training Route:**

To be completed by applicants who have successfully completed a recognised practice based training in Humanistic *Psychotherapeutic Counselling* and awarded a qualification that meets the following criteria:

* **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

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

**Part B:**

**1. Personal Details:**

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

**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*

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

**3. Type of Experience:** Please indicate your type of practice placement – 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*

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| --- | --- | --- | --- |
| **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

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| *If ‘yes’ please give details:* |

**Part C: Training and Practice**

**1. Assessment:** In what way has your work during training been assessed by observation (which may be direct observation, video or audiotape). Please give details and name of assessor.

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**2. Written Work:** It is a requirement that your training included a substantial piece of written work. Please give the title of this work and when it was written.

*Note 9*

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**3. Theoretical Knowledge:** Please describe how you have learnt those areas of theory relevant to your application. UKAHPP does not assume that theoretical knowledge is gained only on training courses.

*Note 10*

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| *Please use additional sheet if necessary* |

Note 8

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

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| --- | --- | --- | --- | --- | --- | --- |
| **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 tutor contact hours:** |  |  |  |

# 5. 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*

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| --- | --- | --- | --- | --- |
| **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* |  |  |

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

*Note 12*

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

**7. Past and Current Practice:**How would you further describe the work you do (e.g. individual or group work, type of counselling or therapy).

*Note 15*

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1. How many hours each week do you spend in the activity described above?

Hours

1. How long have you been working in this particular field?

Years

1. In group-work, if you have worked with co-leaders, please give their names:

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1. In your work with groups and/or individuals, please state the client population you feel competent to work with:

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1. If you work in private practice, describe the facilities you presently have, or intend to have, for group work and/or for individual work:

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1. If you work in several settings, please make the information below specific to each setting:

Hours/minutes

1. How long are your sessions?

viii. How many clients do you see now?

Twice weekly

**+**

Infrequently

Fortnightly

**+**

Weekly

**+**

setting:

…….

Twice weekly

**+**

Infrequently

Fortnightly

**+**

Weekly

**+**

setting:

…….

**TOTAL groups seen in all settings**

Twice weekly

**+**

Infrequently

**=**

Fortnightly

**+**

Weekly

**+**

setting:

…….

ix. In the past three years, what is the total number of clients you have seen?

Weekly

**+**

Fortnightly

**+**

Infrequently

Twice weekly

**+**

setting:

Twice weekly

Weekly

**+**

Fortnightly

**+**

Infrequently

setting:

**TOTAL groups seen in all settings**

Weekly

**+**

Twice weekly

**+**

Fortnightly

**+**

Infrequently

**=**

setting:

……..

x. In all, what is the total number of groups you have worked with for a period up to?

Longer

3 years

1 year

1.5 years

2 years

6 months

**8. 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*

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

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

*Note 14*

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

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

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| --- | --- | --- | --- |
| **Name of Therapist** | **Period seen** | **Total Hours** | **Notes including Qualifications/Orientation** |
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**11. Humanistic Practice Statement:** Please provide a statement of approximately 1,000 words about your orientation as a Humanistic Psychotherapeutic Counsellor.

*Note 7*

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| ***Continue on a separate sheet if necessary***.  *In your statement please include how you became involved in Humanistic Psychology and became a counsellor; how you practice is informed by Humanistic theory and concepts; and how you intend to develop your practice.* |

# Part D: Notification of Practice

*Note 14*

## 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.

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| 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.

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| 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.

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| 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, prolonged absence or death.

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| 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.

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| --- | --- |
| 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?

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| --- | --- |
| 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 Training Route; for my name to be included on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors;* and declare that:

1. I have successfully completed a recognised *level 6* *Humanistic* training in Psychotherapeutic Counselling 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 attachments to [admin@ahpp.org.uk](mailto: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 Level 6 QAA Framework training and qualification – Certificates etc as ***PDF*** attachments
* 3,000-5,000 Case Study
* 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

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

September 2018