UK Association for Humanistic Psychology Practitioners

# The UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors APPLICATION FORM

Please complete all sections of this form. It has been designed to work with either Microsoft Office or Open Office. When completed attach it to an email to the UKAHPP Administrator.

|  |  |
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| **Full Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Membership Number (If applicable)** |  |
| **Contact Telephone Number:** |  |
| **Contact Email Address:** |  |
| **Current Employment:** |  |

All applicants must complete Part A and Part B of this form.

# Part A: Category of Application

Please pick which **ONE** of the following two categories applies best to you. Then complete this Part by following the instructions for that category.

## Category 1: Completed Training in Humanistic Psychotherapy or Psychotherapeutic Counselling

If you have completed a diploma-level or higher, training course in Psychotherapeutic Counselling or Psychotherapy, you must evidence how the course meets the minimum requirement for registration.

The requirements for a training course are:

* It must be in a recognised Humanistic approach
* It must be at least level 5 of the QAA Framework for Higher Education Qualifications of UK Degree-Awarding Bodies (Diploma of Higher Education, Foundation Degree, Higher National Diploma)
* It must include at least 400 hours of tutor contact
* Applicants must have completed at least 100 hours of supervised practice in a recognised area of practice.
* Applicants must have undertaken 1 hour of supervision per 6 hours of client practice their placement(s)
* Applicants must have completed at least 30 hours of personal therapy

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| Indicate here with **‘YES’** if the above criteria apply |  |

If you have marked this box ‘**YES’** please write a brief description in your “Supportive Statement” (below) about how your training covered the above criteria. Show how the course fits within the Humanistic approach. Please enclose a scanned copy of your certificates.

## Category 2: Alternative Routes

If you have completed training in Psychotherapeutic Counselling or Psychotherapy which is approximately equivalent to the minimum requirements in Category 2 above, but which does not meet all the criteria, then you may meet the criteria through other supplementary training courses.

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| Indicate here with **‘YES’** if the above criteria apply |  |

If you have marked this box, please write a brief description of your training covering these criteria as much as possible in the “Supporting Statement” section of this form below. Please enclose scanned copies of any relevant completion certificates.

Continue your personal statement explaining how you have completed the criteria through additional trainings, CPD etc. Please evidence these courses by providing scanned copies of relevant completion certificates. Show how your practice fits within the humanistic approach.

For example, if you originally trained in a non-Humanistic approach, what trainings or CPD did you engage in to learn about Humanistic theory and how do you use it in your practice?

## Supportive Statement:

If you are applying for registration according to either Category 1 or 2 above, please include a supporting statement here, showing how your training meets the criteria:

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# Part B: Declarations

All applicants must complete all sections of Part B.

## Indemnity Arrangements:

I confirm that I hold, or will hold when I begin practising, appropriate cover under a personal and or organisational indemnity arrangement in relation to my practice and that I will be able to provide evidence to this if required.

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| Confirm these arrangements with **‘YES’** |  |

## Continued Professional Development (CPD):

I commit to undertake at least 20 hours per year and 250 hours over five years of Continued Professional Development relevant to my practice and will be able to provide evidence to support this if required.

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| Confirm this commitment with **‘YES’** |  |

## Supervised Practice:

I confirm that I have, or will have when I begin practising, supervision in accordance with the type of membership, accreditation and registration I hold and that I can provide evidence of this if required.

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| Confirm these arrangements with **‘YES’** |  |

## Therapeutic Executor:

I confirm that I have a Therapeutic Executor or have alternative arrangements with my employer/place of work in the event of sudden and prolonged absence or death

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| Confirm these arrangements with **‘YES’** |  |

## Complaints:

Have there been any professional complaints:

1. which are in the process of being heard
2. which have been upheld and have not expired

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| --- | --- |
| Answer **‘YES’** or **‘NO’** |  |

If **‘YES’** please give details on a separate sheet.

## 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.

Please do not notify the UKAHPP of motoring offences where you received a fixed penalty (unless it led to you being disqualified from driving) or offences previously considered by the UKAHPP.

# Endorsement:

I wish to apply for Registration with the UKAHPP and hereby provide all the information requested above.

1. I agree to abide by the UKAHPP Code of Ethical Principles and Code of Practice which are published on the UKAHPP website
2. I agree to be held accountable for my professional conduct through the UKAHPP Complaints Procedure which is published on the UKAHPP website
3. I agree that if I leave the Register I will still be held accountable for my professional conduct during the period that I was registered through the UKAHPP Complaints Procedure
4. I agree to have my name included on the public Register of Psychotherapeutic Counsellors and Psychotherapists which is published on the UKAHPP website

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| **Signed:** |  |
| **Date:** |  |

*Please post or email your completed application to:*

**The Administrator**

**UKAHPP**

**Box BCM AHPP**

**London**

**WC1N 3XX**

Enquiries:

08457 660326 admin@ahpp.org.uk

May 2017