UK Association for Humanistic Psychology Practitioners

# - APPLICATION FORM -

# Ordinary Member (Registered)

# UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors

# The UKAHPP welcomes applications for the category of Ordinary Member, which is entry membership to the association’s Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors.

# Applicants are required to complete ALL parts of this application form as a ‘Word’ document in black ‘Arial’ font. Hand written applications are only acceptable with prior agreement. Completed forms can be returned as an email attachment or by post at the address below. Please scan supporting documents, certificates etc as PDF documents.

# Part A: CATEGORIES OF APPLICATION

Please note ***Category 2 Alternative Route*** applications are currently suspended.

## Category 1: Formal Humanistic Training

To be completed by applicants who have attained a recognised Humanistic training in Psychotherapeutic Counselling or Psychotherapy that meets the following criteria:

* Is at **level 5** or above of the *UK Quality Assurance Agency: Framework for Higher Education Qualifications of UK Degree-Awarding Bodies* (Diploma of Higher Education, Foundation Degree, Higher National Diploma)
* Includes **400 hours** of tutor contact
* Includes least **100 hours** of supervised practice in a recognised area of therapeutic practice.
* Includes **1 hour of supervision to 6 hours of client contact** at a recognised placement(s).
* Includes **30 hours** of personal therapy

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| --- | --- |
| Please confirm with a **‘YES’** if the above criteria applies to you. |  |

If marked ‘**YES’** please provide evidence as to how your training has met these requirements – certificates, course summaries, handbooks etc.

**PART B:**

**1. Personal Details:**

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

**2. Work Experience:** Please provide a list of your practice as a Psychotherapist or Psychotherapeutic Counsellor – inc. paid employment and voluntary placements.

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| --- | --- | --- |
| **Dates** | **Organisation** | **Description** |
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**3. Training and Qualifications:** Please list all completed psychotherapy or counselling training at **level 5** and above – **Category 1** applications are not to include other qualifications or continuing professional development activities.

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| --- | --- | --- | --- | --- |
| **Dates** | **Course Title** | **Training Centre** | **Awarding Body** | **Award/Level** |
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**4. Professional Registration and Accreditation:** Please list all voluntary and statutory professional registration and accreditation you hold.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Membership No** | **Category of Membership, Registration, Accreditation** | **Organisation** |
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**5. Supervision:** Please provide a list of the psychotherapy/counselling supervision you have received over the past 10 years – individual, group, peer formats.

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| --- | --- | --- | --- |
| **Dates** | **Supervisor’s Name Orientation & Accreditation** | **Hours Per Month** | **Format** |
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**6. Personal Statement:** To be completed by all applicants. Please provide a detailed statement about how your work as a Humanistic counsellor/therapist.

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# Part C: Notification of Practice

To be completed by all applicants.

## 1. Indemnity Arrangements:

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

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

## 2. Continued Professional Development (CPD):

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

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

## 3. Supervised Practice:

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

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

## 4. 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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| --- | --- |
| If the above statement is applicable to you please confirm with a **‘YES’** |  |

## 5. Complaints:

Do you have any professional complaints brought against you?

* Currently being processed.
* That have been upheld and sanctions currently apply.

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| --- | --- |
| Please 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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| --- | --- |
| Please answer **‘YES’** or **‘NO’** |  |

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

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

# Declaration:

I wish to apply for UKAHPP Ordinary Membership and for my name to be included on the on the UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors and declare that:

1. The information contained in this Application Form is true and accurate.
2. I will be held accountable for my professional conduct through the UKAHPP Complaints and Disciplinary Procedures and understand that if my registration is lapsed, I will still be held accountable for my professional conduct during the period I was a registered member.
3. I agree to be held accountable for my professional conduct through the UKAHPP Complaints Procedure and understand that if my registration is lapsed, I will still be held accountable for my professional conduct during the period I was a registered member.
4. I will complete and return an Annual Renewal Form and provide other information about my practice as requested by UKAHPP.
5. I agree for my name and professional status details to be included on the UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors, published in the public domain of the UKAHPP website.

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| --- | --- |
| **Applicant’s Signature\*:** |  |
| **Date:** |  |

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

**Completed Forms:** Before posting please check on the UKAHPP website that you have used the most recent version of this form. Completed forms can be sent as an email attachment to [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk) or mailed to:

***The Membership Secretary***

***c/o The UKAHPP Administrator***

***Box BCM AHPP***

***London***

***WC1N 3XX***

**Telephone:** 08457 660326 **Email:** [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk) **Website:** [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk)

**Version Control:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Status** | **Description** | **Date Completed** |
| 1.5 | Agreed | Revision | 2018/01/23 |
| 1.4 | Agreed | Revision following verification | 2017/08/11 |
| 1.3 | Agreed | Revisions | 2017/05/12 |
| 1.2 | Agreed | Revisions | 2017/04/05 |

UK Association for Humanistic Psychology Practitioners

**Appendix 1: Supervisor’s Statement**

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**Applicant’s Name:**

Thank you for providing a report in support of the above applicant’s application to join the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors.* Please write clearly in **black** ink, using block capitals.

**A. Supervisor’s Details:**

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| --- | --- |
| **Full Name:** |  |
| **Address:** |  |
| **Contact Telephone Numbers:** |  |
| **Contact Email Address:** |  |

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| **Model of Supervision:** |  |
| **Professional Membership and Accreditations:** |  |
| **Supervision Qualifications:** |  |

**B. Supervision Details:**

**1. Please Give Details if You Have Any Formal Responsibility for the Applicant’s Practice?**

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**2. How Long Have You Been the Applicant’s Supervisor?**

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**3. How Long Do You Plan To Continue Providing Supervision to the Applicant?**

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**4. Is the Supervision Provided Consultative; Peer; or Management – Please Expand:**

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**5. Is the Supervision Provided Individual or Group Supervision?**

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**6. If ‘Group’ How Many Individuals Are in the Group and How Much Time Does Each Member Receive?**

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**7. What is the Duration and Frequency of the Supervision provided?**

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**C. Supervisor’s Statement:**

**Please provide a statement about the applicant’s use of supervision – do you consider the applicants approach and orientation to be Humanistic?**

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**Please outline any reservations you may have (if any) about the applicant being included on the UKAHPP Register?**

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**I confirm that I have read the details of the application and that they are correct to the best of my knowledge.**

**Supervisor’s signature\*:** ........................................................... **Date: …/…/…**

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

**Applicant’s comments (if any):**

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**Applicant’s signature\*:** ............................................................. **Date: …/…/…**

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