UK Association for Humanistic Psychology Practitioners

**Ordinary Membership** *(Registered)*

**- APPLICATION FORM -**

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

# The UKAHPP welcomes applications from practitioners working in the United Kingdom who meet the published registration criteria in the category of *Ordinary Member,* which is entry level membership to the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors*.

# Applications are to be submitted on the latest version of the *Application Form,* available on the *UKAHPP website*, in *black* *‘Arial’* font and return with supporting documents as a ‘*PDF’* email attachment. Alternatively, applications can be submitted 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: Formal Humanistic Training

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

* Is at **Level 5** or above of the *Quality Assurance Agency: Framework for Higher Education Qualifications of UK Degree Awarding Bodies* (Diploma of Higher/Further Education, Foundation Degree, Higher National Diploma)
* Includes a minimum of **400 tutor contact hours**
* 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** with a recognised placement(s).
* Includes **30 hours** of personal therapy

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

If *‘****YES’*** please **provide** evidence as to how your training meets these requirements – certificates, with evidence of awarding body (at level 5) and academic affiliation; course summary etc.

**PART B:**

**1. Personal Details:**

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| --- | --- |
| **Second Name:** |  |
| **First Name (s):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **UKAHPP Membership No:** | *If Applicable* |
| **Contact Telephone Numbers:** |  |
| **Contact Email Address:** |  |

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

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| --- | --- | --- |
| **Dates** | **Organisation** | **Description** |
|  | *Please do* ***not*** *use abbreviations* |  |

**3. Training and Qualifications:** Please list all completed psychotherapy and counselling training at ***level 5*** and above – do **NOT** include trainings: that are: not complete; below level 5; Continuing Professional Development Certificates; Certificates of Attendance and Skills training.

**Note:** *As other frameworks exist and may vary please check that your qualifications equate to level 5 of the QAA framework.*

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| --- | --- | --- | --- | --- |
| **Dates** | **Course Title** | **Training Centre** | **Awarding Body** | **Award/Level** |
|  |  | *Do* ***not*** *use abbreviations* | *Please do* ***not*** *use abbreviations* |  |

**4. Professional Registration and Accreditation:** Please attach scanned certificates of all statutory and voluntary *registration* and *accreditations* you currently hold. A fast track facility exists for Psychotherapists and Psychotherapeutic Counsellors in good standing on an existing PSA Accredited Register.

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

**5. Supervision:** Please list all psychotherapy and counselling supervision you have received over the past 10 years – individual, peer or group format.

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

**6. Practice Statement:** Please provide a statement of approximately 1,000 words about your practice as a Humanistic Psychotherapist or Psychotherapeutic Counsellor.

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| --- |
| ***Continue on a separate sheet***.  *In your statement you are required to demonstrate how your work with clients: how you are informed by Humanistic theory and concepts; how you establishment of a therapeutic frame; your understanding of human nature and psychological distress; and the significance of the therapeutic relationship in facilitating change.* |

# Part C: Notification of Practice

## 1. Indemnity Arrangements:

I declare that I hold appropriate cover under an indemnity insurance arrangement (personal or employment arrangement) in relation to my practice and ***enclose 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 and will provide additional evidence to support this 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 as a UKAHPP registrant, an on-going ***supervision*** arrangement conducive to my work as a Humanistic practitioner and have submitted a ***Supervisor’s Statement*** in support of this declaration. 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:

Do you have any professional complaints brought against you?

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

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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?

|  |  |
| --- | --- |
| 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.

# Declaration:

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

1. I have successfully completed a recognised *level 5* *Humanistic* training in Psychotherapeutic Counselling or Psychotherapy in accordance with the published criteria for *UKAHPP Ordinary Membership*.
2. I am in receipt of supervision conducive to my training and practice, I will continue to do so as a *UKAHPP Registrant* and have submitted a *Supervisor’s Statement* in support of my application.
3. I am in practice in the United Kingdom as a Humanistic Psychotherapist or Psychotherapeutic Counsellor with a minimum of *3 supervised client contact hours* per week and will abide by the *UKAHPP Code of Practice* and the *UKAHPP Code of Ethical Principles*.
4. 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.
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 return a completed yearly a *Notification of Practice and Annual Renewal Declaration Form* and will provide ID 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 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 *Membership Secretary* for a review of this decision, with evidence as to how any omissions have been complied with; and that the *Membership 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:** Before mailing please check, on the UKAHPP website that you have completed the most **recent version** of this form and have enclosed payment. Return to [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk) as a ***PDF*** email attachment or post to:

***The Membership Secretary***

***C/o The UKAHPP Administrator***

***Box BCM AHPP***

***London WC1N 3XX***

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| --- | --- | --- | --- |
| **Version** | **Status** | **Description** | **Date Completed** |
| 1.5c | Approved | Revision(s) | 2018/06; 18/05; 18/01 |
| 1.4 | Agreed | Revision following verification | 2017/08/11 |

**Version Control:**

K Association for Humanistic Psychology Practitioners

**Appendix 1: Supervisor’s Statement**

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**APPLICANT’S FULL 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.

**A. Supervisor’s Details:**

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Name:** |  |
| **Address:** |  |
| **Contact Telephone Numbers:** |  |
| **Contact Email Address:** |  |

|  |  |
| --- | --- |
| **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 intend to continue as the applicant’s supervisor?**

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**4. Is the supervision provided Consultative; Peer; Management; other – Please expand if necessary:**

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**5. What is the format of the supervision you provide – Individual; Group; other Please expand if necessary:**

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**6. If ‘Group’ how many supervisees are there in the group and how much time is allocated to each supervisee?**

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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 applicant’s 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):**

|  |
| --- |
|  |

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

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