**UK Association for Humanistic Psychology Practitioners**

**Streamlined Route for Accreditation Transfer from UKCP Member Organisations – Application Form**

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

**1. Personal Details**

To be completed in ‘black’ ***Arial*** font and returned as a ***PDF*** email attachment. The information you provide will be held in accordance with *Data Protection* requirements.

|  |  |
| --- | --- |
| **Second Name:** |  |
| **First Name:** |  |
| **Date of Birth:**  |  |
| **Address:** |  |
| **Nationality:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Employer:**  *(Name, Address and Job Title)* |  |

*Please indicate your type of employment – tick more than one if necessary.*

**NHS Local Authority**

**Self Employed Education**

**Charity/Voluntary Sector Business/Commercial**

**Other *- please specify***

**2. Current Accreditation and Registration**

|  |  |
| --- | --- |
| **ORGANISATION****Name and Address** |  |
| **Membership Number:** |  |
| **Type of Registration/Accreditation** |  |
| **Date of Registration/Accreditation** |  |
| **Reason for Transfer**  |  |
| **Approach Practiced\*:** |  |
| **Number of Clients Per Week:** |  |

*\* Gestalt; Client-Centred; Transpersonal; Psychodrama; Bodywork; Psychosynthesis; Integrative etc.*

**b.** Please list all statutory and voluntary professional registrations and accreditations you hold with other organisations.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Ref. Number**  | **Registration/Accreditation** | **Organisation** |
|  |  | *Please do not use abbreviations* | *Please do not use abbreviations* |

**3. Contribution**

The *UKAHPP* is an organisation that relies on the voluntary contribution of its members to function. As a *Registered Member* of the *UKAHPP* you may be called upon to contribute to the running of one of its standing committees. Please indicate which committee you would prefer to make a contribution to. Please mark your preference with a clear ***‘X’***.

|  |  |
| --- | --- |
| ***Membership Committee*** |  |
| ***Ethics Committee*** |  |
| ***Accreditation Committee*** |  |

|  |
| --- |
| ***Other Please State:*** |

 **4. Notification of Practice Details**

**a. Indemnity Insurance**

*I confirm that I hold appropriate cover under an indemnity insurance arrangement in relation to my practice or have an alternative arrangement with my employer/place of work - and will provide additional information if required by UKAHPP.*

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

* **b. Continual Professional Development (CPD)**

*I confirm that I have undertaken a minimum of 20 hours Continual Professional Development over the last 12 months, will accumulate a minimum of 250 hours in any five year period - and will provide additional information if required by UKAHPP.*

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

* **c. Supervised Practice**

*I confirm that I am in receipt and will continue to receive supervision compatible to my practice and in accordance with registration/accreditation requirements – and will provide additional information if required by UKAHPP.*

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

* **d. Therapeutic Executor**

*I confirm that I have a Therapeutic Executor or have an alternative arrangement with my employer/place of work in the event of sudden prolonged absence or death.*

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

* **e. Breaks in Practice**

*Have you had any breaks in practice of more than 3 months during the last 12 months?*

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

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

* **f. Complaints**

*Have any professional complaints been upheld against you over the past 12 months or are currently being investigated?*

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

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

* **g. 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.

|  |
| --- |
| **5. DECLARATION**I declare that: * I am in practice in the *United Kingdom* as a qualified *Humanistic Psychotherapist* or *Psychotherapeutic Counsellor* with a minimum of *3* client contact hours per week.
* I agree to abide to the *UKAHPP Code of Practice* and *Code of Ethical Principles* and to be held accountable for my practice and professional conduct under the *UKAHPP Complaints and Disciplinary Procedures.*
* 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 included on the *Register* and published in the public area of the *UKAHPP Website.*
* I agree to abide by UKAHPP Registration and Re-Accreditation requirements.
* I will comply with requirements governing the use of UKAHPP & PSA logos.
* My physical/mental health and character are of sufficiently good standing to enable me to practice safely and effectively with members of the public.
* I will provide additional information for audit purposes if required by *UKAHPP.*
* The information contained in this form is true and accurate.

**Signature\*:** ............................................................................... **Date:** …. **/**…. **/**….***\*****Electronic facsimile accepted* |

**Completed Forms:**

Return as a ***PDF*** email attachment to admin@ahpp.org.uk or post to:

***UKAHPP Administrator***

***Box BCM AHPP***

***London***

***WC1N 3XX***

0843 2895907 admin@ahpp.org.uk www.[ahpp.org.uk](http://ahpp.org.uk/)

**UK Association for Humanistic Psychology Practitioners**

**Supervisor’s Report**

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**APPLICANT’S FULL NAME:**

Thank you for providing a report in support of the above applicant’s application to transfer their accreditation to UKAHPP. 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?**

|  |
| --- |
|  |

**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?**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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?**

|  |
| --- |
|  |

**7. What is the duration and frequency of the supervision provided?**

|  |
| --- |
|  |

**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?**

|  |
| --- |
|  |

**Please outline any reservations you may have (if any) about the applicant being accredited by UKAHPP?**

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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*