UK Association for Humanistic Psychology Practitioners

**Ordinary Membership** *(Registered)*

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

# 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:**

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

**1. Personal Details:**

**2. Work Experience:** Please provide a list of your experience as a practicing Psychotherapist and Psychotherapeutic Counsellor – paid and voluntary 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.

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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 supervision you have received over the past 10 years – individual, peer or group format – most recent first.

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| --- | --- | --- | --- |
| **Dates** | **Supervisor’s Name Orientation & Accreditation** | **Hours Per Month** | **Format** |
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**6. Personal Therapy:** Please list therapy you have received – 30 hours minimum required, you may include therapy undertaken as part of your training

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| --- | --- | --- | --- |
| **Name of Therapist** | **Duration/ Frequency** | **Total Hours** | **Orientation/Approach** |
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**7. Practice Statement:** Please provide a statement of approximately 1,000 words about your Humanistic practice.

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| ***Continue on a separate sheet***.*In your statement you are required to demonstrate how your work with clients: is 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.*  |

# Part C: Notification of Practice

## 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 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 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 as a UKAHPP registrant, an on-going ***supervision*** arrangement conducive to my work as a Humanistic practitioner and have submitted a ***Supervisor’s Report*** in support of this declaration. 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’*** |  |

## 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?

* That were 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.

# 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 Report* 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 *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. I agree to abide to the terms and conditions relating to a registrant’s representation of the UKAHPP and PSA names and logos for marketing and other purposes.
6. 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.
7. I will return a completed yearly a *Annual Notification of Practice and Registration Renewal Declaration Form* and will provide ID and other information if required by UKAHPP.
8. 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.
9. 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.
10. 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 as a ***PDF*** email attachment or post to:

***UKAHPP Administrator (The Membership Secretary)***

***Box BCM AHPP***

***27 old Gloucester street***

***London***

***WC1N 3XX***

UK Association for Humanistic Psychology Practitioners

**Appendix 1: Supervisor’s Report**

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**APPLICANT’S FULL NAME:**

Thank you for providing a Supervisor’s Report in support of the above applicant.

Please read the *UKAHPP Code of Practice and Ethical Principles* and any other documents presented by the supervisee – including their Application Form and Case study if applicable. Please write clearly in **black** ink.

**A. Supervisor’s Details:**

|  |  |
| --- | --- |
| **Surname:** |  |
| **First 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 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):**

|  |
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|  |

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

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