UK Association for Humanistic Psychology Practitioners

**Ordinary Membership** *(Registered)**UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors***- APPLICATION FORM -**

# The UKAHPP welcomes applications from counsellors and psychotherapists working with adult clients for a minimum of 3 hours per week in the United Kingdom and who meet the published registration criteria in the category of *Ordinary Member (Registered) -* entry level membership to the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors* (the Register).

# Applications are to be submitted on the latest version of the *Application Form,* available on the *UKAHPP website*, *12 point in black ‘Arial’ font* and returned with supporting documents as ‘*PDF’* email attachments to admin@ahpp.org.uk Handwritten applications, e-photos and links to e-documents are not acceptable and will be returned to the applicant.

# 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). As other frameworks exist and may vary, applicants must provide evidence as to how their training equates to level 5 of the *QAA Framework*
* Includes a minimum of **400 tutor contact hours**
* Includes at least **100 hours of supervised practice** in a recognised Humanistic approach
* Includes **1 hour of supervision to 6 hours of client contact** within a recognised practice 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 PDF documents, as to how your training meets these requirements including: Awarding body certificates; QAA level 5 qualification or equivalent; Academic affiliation; course prospectus, syllabus, 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 completed at ***level 5*** or above and submit copies of certificates and supporting evidence as PDF documents – do **NOT** include training not complete; below level 5; Skills Training, Continuing Professional Development Certificates; and Certificates of Attendance.

**Note:** *As other frameworks exist and may vary please evidence 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 list and provide PDF copies of certificates of statutory and voluntary *registration* and *accreditation* you currently hold. Do not include membership only affiliations.

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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 personal therapy you have received – you may include therapy undertaken as part of your training and group therapy

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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 provide a summary of how your work with clients is informed by Humanistic theory; how you establish a therapeutic frame; your understanding of human nature, psychological distress and the process of change; and the significance of the therapeutic relationship.*  |

# Part C: Notification of Practice

## 1. Indemnity Arrangements:

I confirm that my practice is covered by appropriate professional indemnity insurance or that alternative cover is provided by my employer or place of work and provide evidence of such (applicants in private practice are required to submit a copy of their professional indemnity insurance policy). 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 a 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 year and will provide evidence of such 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 confirm that I am in receipt and will continue to be in receipt of supervision compatible to my training and practice and in accordance with UKAHPP Registration requirements, with a minimum of 90 minutes supervision per month. I have submitted a Supervisor’s Report in support of my application 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’*** |  |

## 4. Therapeutic Executor:

I confirm that I have a *Therapeutic Executor* or an alternative arrangement 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 upheld against you and sanctions applied or are currently being investigated?

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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 *QAA level 5* *Humanistic* training in Psychotherapeutic Counselling or Psychotherapy in accordance with the published criteria for *UKAHPP Ordinary Membership (Registered)*.
2. I am in receipt and will continue to be in receipt of supervision conducive to my training and practice as a *UKAHPP Registrant* with a minimum of *90 minutes* per month and have submitted a *Supervisor’s Report* in support of my application.
3. I am in practice, working with adults in the United Kingdom 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 agree to abide by the UKAHPP *Code of Practice and Ethical Principles*  and 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 with UKAHPP.
5. I will comply with requirements governing the *Representation of UKAHPP Membership, Registration and Accreditation* and use 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 agree to abide by UKAHPP Re-Accreditation requirements, complete and return to an *Annual Notification of Practice and Registration Renewal Declaration Form* and provide additional information to the UKAHPP for audit purposes if required to do so.
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; and understand that the UKAHPP will communicate with other professional organisations regarding my professional standing.
9. I understand that unsuccessful applicants may submit to the *Membership Secretary* a written request for their application to be reviewed, with evidence as to how identified deficiencies have been complied with. I also understand that their decision will be final.
10. The information contained in this Application Form is true and accurate and I will provide addition information if required by UKAHPP.

**Signature\*:** ........................................................................ **Date:** ….**/**….**/**….

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

**Part D: Documents Submitted:** Please list all documents submitted in support of your application – as PDF attachments.

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| --- | --- | --- | --- |
| **Ref. No.** | **Document** | **Description/Note** | ***For UKAHPP Use*** |
|  | *Please continue on an additional sheet if necessary*  |  |  |

**Further Information:** Please provide any additional information relevant to your application. Continue on a separate sheet if necessary.

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| *Please continue on an additional sheet if necessary* |

**Checklist:** Please ensure you complete all sections of the application form (most recent version) including:

* Evidence of successful completion of a Level 5 QAA Framework qualification – Certificates etc as ***PDF*** attachments
* Personal statement about your Humanistic practice
* Evidence of Professional Indemnity Insurance. A policy copy is required for applicants in private practice – as a ***PDF*** attachment
* Complaints and conviction details (if applicable)
* Supervisor’s Report: Signed by supervisor and supervisee – as a ***PDF*** attachment
* Certificates of statutory/voluntary professional Accreditation and Registration – as ***PDF*** attachments
* Signed Declaration
* Non-refundable fee of £150 – Payable to ‘***UKAHPP***’.

**Unsuccessful Application:** In the event of an unsuccessful application, a written request can be made to the UKAHPP Membership Secretary for the decision to be reviewed by the Membership Committee. Evidence is to be provided as to how identified deficiencies to the published criteria for UKAHPP Ordinary membership (Registered) have been complied with. The UKAHPP Membership Committee’s decision will be final.

**Data Protection:** The UKAHPP will hold information provided by applicants in accordance with Data Protection requirements and will delete information relating to unsuccessful applications from its records 18 months following submission.

**Public Protection:** To enhance public protection and the promotion of confidence, the UKAHPP will share and seek information about the professional standing of applicants from other register holders and professional organisations.

**Completed Forms:** Check the UKAHPP website to ensure that you have used the most recent version of the Application Form. Please complete in *12 point black* ***Arial*** *font* and submit with supporting documents as ***PDF*** email attachments to admin@ahpp.org.uk Hand written application, e-photos and links to e-document are not acceptable and will be returned to the applicant.

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

***Box BCM AHPP***

***27 Old Gloucester Street***

***London***

***WC1N 3XX***