UK Association for Humanistic Psychology Practitioners

**Transfer of Accreditation Psychotherapist *-* Application Form *-***

*UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors*

**1. Personal Details:** Please check on the UKAHPP website, to ensure you have used the most recent version of the Application Form. To be completed in *12 point black* ***Arial*** *font* and returned with supporting documents as ***PDF*** email attachments to admin@ahpp.org.uk. The information you provide will be held in accordance with *Data Protection* requirements.

|  |  |
| --- | --- |
| **First Name:** |  |
| **Second Name:** |  |
| **Date of Birth:**  |  |
| **Address:** |  |
| **Nationality:** |  |
| **E-Mail Address:** |  |
| **Website Address:** |  |
| **Telephone Number:** |  |

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| **Employer:**  *(Name, Address and Job Title)* |  |

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

**NHS Local Authority**

**Self Employed Education**

**Charity/Voluntary Sector Business/Commercial**

**Other *- please specify***

**2. Current Accreditation:** Details of your current professional accreditation.

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| --- | --- |
| **ORGANISATION: Name and Address:** |  |
| **Accreditation Number:** |  |
| **Type of Accreditation:**  |  |
| **Date of Accreditation:** |  |
| **Average Number of Clients Per Week over the last 12 months:** |  |
| **Humanistic Approach:\*** |  |
| **Reason for Transfer:** |  |

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

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

**4. Training and Qualifications:** Please list all successfully completed courses in Psychotherapy and submit copies of certificates and supporting evidence as PDF attachments – do **NOT** include training not complete, Continuing Professional Development Certificates; and Certificates of Attendance. *See Detailed Psychotherapist Accreditation Criteria.*

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

**5. Supervision:** Please list your current supervision arrangements.

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

**6. Practice Statement:** Please provide 500-1,000 word statement about your Humanistic practice.

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| ***Continue on a separate sheet***. |

**7. Notification of Practice Details:**

**a. Indemnity Insurance:**

*I confirm that my practice is covered and will continue to be 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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| Answer ***‘YES’*** or ***‘No’*** |  |

## b. Continual 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 additional evidence of such 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 be in receipt of supervision compatible to my training and practice, in accordance with UKAHPP accreditation requirements and with a minimum of one and a half hours of supervision per month. I will provide additional information if required by UKAHPP.*

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| Answer ***‘YES’* or *‘NO’*** |  |

## d. 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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| 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?*

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| Answer ***‘YES’*** or ***‘NO’*** *- If* ***‘Yes’*** *please give details on a separate sheet.* |  |

## f. Complaints:

*Have any professional complaints been upheld against you or are currently being investigated?*

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| --- | --- |
| 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?*

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| --- | --- |
| Answer ***‘YES’*** or ***‘NO’*** *– If ‘Yes’ please give details on a separate sheet.* |  |

Do **NOT** disclose fixed penalty motoring offences, unless disqualified from driving.

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| **8. DECLARATION:**I wish to transfer my professional accreditation to UKAHPP, for my name to be included on the UKAHPP Register of Psychotherapists and Psychotherapeutic Counsellors and declare that: 1. *I have successfully completed a professional training in accordance with the published criteria for UKAHPP Full Accreditation Membership as a Psychotherapist or Psychotherapeutic Counsellor.*
2. *I am in practice in the United Kingdom with a minimum of 3 client contact hours per week.*
3. *I am in receipt and will continue to be in receipt of supervision conducive to my training and practice, in accordance with UKAHPP accreditation requirements and with a minimum of 1 ½ hours of supervision per month.*
4. *I agree to abide by the UKAHPP Code of Practice and Ethical Principles and to be held accountable for my practice and professional conduct under the UKAHPP Complaints Procedure and 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 understand that my name and professional status will be included on the UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors, 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 and understand that the UKAHPP will communicate with other professional organisations regarding my professional standing.*
6. *I agree to abide by UKAHPP Re-Accreditation requirements.*
7. *I will complete and return to UKAHPP an Annual Notification of Practice and Registration Renewal Declaration Form and will provide additional information if required by UKAHPP for audit purposes.*
8. *I will comply with requirements governing the Representation of UKAHPP Membership, Registration and Accreditation and the use of the UKAHPP and PSA logos for marketing and other purposes.*
9. *My physical/mental health and character are of sufficiently good standing to enable me to practice safely and effectively with members of the public.*
10. *I understand that unsuccessful applicants may submit to the Accreditation Committee Chair 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.*
11. *The information contained in this form is true and accurate and I will provide addition information if required by UKAHPP.*

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

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

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

**10. 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:

* Training certificates - 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
* Details of Complaints and Conviction (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 £100 – Payable to ‘***UKAHPP***’.

**Unsuccessful Application:** In the event of an unsuccessful application, a written request can be made to the UKAHPP Accreditation Committee Chair for the application to be reviewed. Evidence is to be provided as to how identified deficiencies to the published criteria have been complied with. The UKAHPP Accreditation Chair’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:** Please check on the UKAHPP Website that you have used the most recent version of the Application Form which is to be completed in *12 point black* ***Arial*** *font* and return with supporting documents as ***PDF*** email attachments to admin@ahpp.org.uk. Handwritten application, e-photos and links to e-document are not acceptable and will be returned to the applicant for re-submission.

***The UKAHPP Administrator (Accreditation Committee)*  *Box BCM AHPP 27 Old Gloucester Street London WC1N 3XX***