**UK Association for Humanistic Psychology Practitioners**

**Accredited Supervisor *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors*  - APPLICATION FORM -**

The UKAHPP welcomes applications in the category of Accredited Supervisor from UKAHPP Accredited Psychotherapists and Psychotherapeutic Counsellors in good standing and for entry to the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors.*

# Applications are to be submitted on the latest version of the *Application Form* in black *‘Arial’* font and return with supporting documents as ‘*PDF’* email attachments to admin@ahpp.org.uk

# 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:

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

**1. Personal Details:**

**2. Employment:** Please list all employment as a practicing Psychotherapist or Psychotherapeutic Counsellor, paid or voluntary – most recent first.

|  |  |  |
| --- | --- | --- |
| **Dates** | **Organisation** | **Job Title/Description** |
|  | *Please do* ***not*** *use abbreviations*  |  |

**3. Type of Practice:** Please indicate your type of practice – tick more than one box if necessary.

**NHS Local Authority**

**Self Employed Education**

**Charity/Voluntary Sector Business/Commercial**

**Other *- please specify***

**4. Supervision:** Please list all supervision you have received since being accredited as a Psychotherapist or psychotherapeutic Counsellor – individual, peer or group format – most recent first.

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| --- | --- | --- | --- |
| **Dates** | **Supervisor’s Name Orientation & Accreditation** | **Hours Per Month** | **Format** |
|  |  | Continue on a separate sheet if necessary |  |

**5. Professional Registration and Accreditation:** Please attach scanned certificates of all statutory and voluntary *registration* and *accreditations* you currently hold – not stand alone memberships.

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

**Part B: Training and Practice**

**1. Supervision Training and Qualifications:** Please list all successfully completed Supervision training and qualifications awarded.

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

**2. Supervision Practice Study:** Please provide a 3,000 word study of working with one supervisee or supervision group. The study is to demonstrate how as a supervisor the applicant integrates theory with practice as a supervisor, with vignettes about: the supervision frame is established; how difficulties are managed; the developmental stages of the supervision relationship; issues the supervisor takes to supervision. This study should also demonstrate an understanding of diversity and understanding of the boundaries between therapy and supervision.

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

**3. Humanistic Practice Statement:** For applicants already accredited as a Psychotherapist/Psychotherapeutic Counsellor Supervisor on a PSA or statutory register. Please submit a 1,000 word statement about you practice as a Humanistic supervisor.

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

# 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 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. Evidence of my CPD over the past 5 years is attached. 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’*** |  |

## 3. Supervised Practice:

I declare that I have and will continue to have an on-going ***supervision*** arrangement conducive to my Humanistic practice and have submitted a ***Supervisor’s Report*** in support of my application. 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:

Have you had any professional complaints brought against you in the past 5 years that?

* Have been upheld and sanctions applied.
* Are currently being processed.

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

# Part D. Declaration:

I wish to apply for *UKAHPP Accreditation* in the category of *Supervisor*; for my name to be included on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors;* and declare that:

1. I have successfully completed Supervision training in the field of Psychotherapy and Psychotherapeutic Counselling, which meets the published criteria or equivalent for *UKAHPP Accreditation in the Category of Supervisor*.
2. I am in practice in the United Kingdom as a Humanistic *Psychotherapists or Psychotherapeutic Counsellor* with a minimum of *3 adult client contact hours* per week and that I will abide by the *UKAHPP Code of Practice* and *Ethical Principles*.
3. I am and I will remain in practice as an UKAHPP Accredited and Registered Psychotherapist or Psychotherapeutic Counsellor whilst accredited by UKAHPP as a Supervisor and I am also in receipt and will continue to maintain supervision for my Supervision practice.
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 use of the *UKAHPP, PSA and UKCP* names and logos.
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 complete and return to the UKAHPP an *Annual Notification of Practice and Registration Renewal Declaration Form* and will provide additional *Personal Identity* 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 that 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 *Chair of the Accreditation Committee* for a review of this decision, with evidence as to how any identified omissions to the published criteria for UKAHPP Supervisor Accreditation have been complied with; and that the *Accreditation 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:**

Please check on the *UKAHPP Website* to ensure that you have completed the most **recent version** of the Application Form and return with supporting documents as ***PDF*** email attachments to admin@ahpp.org.uk OR post to:

***UKAHPP Administrator (Accreditation Committee)***

***Box BCM AHPP***

***27 Old Gloucester Street***

***London***

***WC1N 3XX***

**Checklist:**

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

* Training and Accreditation certificates etc as ***PDF*** attachments
* Personal Statement
* Supervision Practice Study
* Evidence of UKAHPP Membership/Registration/Accreditation
* Indemnity Insurance evidence
* Complaints and conviction details (if applicable)
* Supervisor’s Report – signed by supervisor and supervisee
* Singed 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 Chair of the UKAHPP Accreditation Committee for the decision to be reviewed by the Accreditation Committee. Evidence is to be provided as to how identified omissions to the published Supervisor Accreditation criteria have been complied with. The UKAHPP Accreditation 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.

**Documentation:** Please list all documents submitted in support of your application.

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| *Please continue on a separate sheet as necessary* |

October 2018