**UK Association for Humanistic Psychology Practitioners**

**Psychotherapist Re-Accreditation** *(UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors)* **- Application Form -**

# The UKAHPP invites you to submit an application to renew for a further 5 years your *UKAHPP Full Member Accreditation* in the category of *Psychotherapist* or *Psychotherapeutic Counsellor,* incorporated in the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors*. Please read the accompanying *UKAHPP Re-Accreditation Criteria for Psychotherapists and Psychotherapeutic Counsellors* before completing this form.

# Applications are to be submitted on the latest version of the *Application Form* and to submit it in ‘*12 point Arial black font’* and return with supporting documents as *PDF* email attachments to [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk)

# The UKAHPP will hold information contained in applications in accordance with Data Protection requirements. Unsuccessful applications will be deleted from UKAHPP’s records 18 months following submission.

**Part A:**

# 1. Personal Details

|  |  |
| --- | --- |
| SECOND Name: |  |
| First Name: |  |
| Date of Birth: |  |
| Address: |  |
| Nationality: |  |
| UKAHPP Membership Number: |  |
| Contact Telephone Number: |  |
| Email Address: |  |
| Website Address: |  |

**2. Employment:** Please list all your paid and voluntary Psychotherapist employment/self-employment over the past 5 years - most recent first.

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

**3. Type of Employment:** Please indicate the type of setting where you practice – you may tick more than one box if necessary.

**NHS Local Authority**

**Self Employed Education**

**Charity/Voluntary Sector Business/Commercial**

**Other *- please specify***

**4. Professional Registration and Accreditation:** Please list and attach scanned certificates of all statutory and voluntary *registrations* 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* |

# Part B:

# 1. Continuing Professional Development (CPD): Please list in chronological order CPD activities, relevant to your practice you have undertaken over the past 5 years – most recent first. Please provide as PDF attachments certificated evidence of CPD events and any new qualifications attained during the last 5 years.

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| --- | --- | --- | --- | --- |
| **Dates**  Start End  d/m/y d/m/y | | **Type of CPD activity**  (Books, workshops, lecture etc) | **Details of CPD Activity**  *Please list any publications you have written on a separate sheet* | **Hours of Each CPD Activity** |
|  |  | *Please do* ***not*** *use abbreviations* | ***Continue on a separate sheet if necessary***. |  |

**2. Future Personal and Professional Development:** Please indicate your plans for professional and personal development for the next 5 years.

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

**3. Breaks in Practice:** Please give details of any breaks in practice in excess of 6 months during the last 5 years – including any CPD or re-training requirements.

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

**4. Practice:** Please list the average number of clients you have seen weekly over the last 5 years.

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| --- | --- | --- | --- | --- | --- |
| **Year:** |  |  |  |  |  |
| **Hours:** |  |  |  |  |  |

**5. Supervision:** Please list all supervision you have received over the past 5 years – individual, peer or group format – most recent first.

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

**6. Humanistic Practice Statement:** Please provide a 3,000 word statement about how your Humanistic practice has developed over the past 5 years, with reference to significant learning experiences. Applicants are required to present this statement at a Self and Peer Assessment Interview.

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

**7. Personal Therapy:** Please list personal therapy you have undertaken during the last 5 years.

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| --- | --- | --- | --- |
| **Name of Therapist** | **Period seen** | **Total Hours** | **Notes including Qualifications/Orientation** |
|  |  |  |  |
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**Part C: Notification of Practice**

**a. Indemnity Insurance:**

*I confirm that my practice has been 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.*

|  |  |
| --- | --- |
| 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 practice in accordance with UKAHPP Re-Accreditation requirements with a minimum of 90 minutes per month. I have submitted a Supervisor’s Report and 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.*

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

**Part D: Declaration**

I wish to apply to renew my *UKAHPP Full Member Re-Accreditation* in the category of *Psychotherapist or Psychotherapeutic Counsellor;* for my name to remain on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors;* and declare that:

1. *I am in practice working with adults in the United Kingdom as a qualified Humanistic Psychotherapist with a minimum of 6 client contact hours per week or Psychotherapeutic Counsellor with a minimum of 3 client contact hours per week.*
2. *I am in receipt and will continue to be in receipt of supervision conducive to my training and practice as a UKAHPP Full Accredited Member and have submitted a Supervisor’s Report in support of my application.*
3. *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 (UKCP Central Complaints Procedure for practice complaints if UKCP Registered) 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.*
4. *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.*
5. *I agree to abide by UKAHPP Re-Accreditation requirements.*
6. *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.*
7. *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.*
8. *My physical/mental health and character are of sufficiently good standing to enable me to practice safely and effectively with members of the public.*
9. *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.*
10. *The information contained in this form is true and accurate and I will provide addition information if required by UKAHPP.*

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

***\*****for printed copy*

**Documents Submitted:** Please list all documents submitted in support of your application. Continue on a separate sheet as necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Ref. No.** | **Document** | **Description/Note** | **UKAHPP Use** |
|  |  |  |  |

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

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

* 3,000 word statement about Humanistic practice
* Indemnity Insurance evidence
* Evidence of UKAHPP Registration
* Complaints and conviction details (if applicable)
* Supervisor’s Report – signed by supervisor and supervisee
* Non-refundable fee of £200 – 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 criteria for UKAHPP Psychotherapeutic Counsellor Accreditation have been complied with. The UKAHPP Accreditation Committee’s decision will be final.

**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.

**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.

**Completed Forms:** Please check the *UKAHPP Website* to ensure you have completed the most recent version of the Application Form in *12 point black* ***Arial*** *font* and return with supporting documents as ***PDF*** email attachments with £95 fee to [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk)

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

***Box BCM AHPP***

***27 Old Gloucester Street***

***London***

***WC1N 3XX***

For BACS payment details please contact the UKAHPP Administrator