UK Association for Humanistic Psychology Practitioners

**Higher Accredited Registered Member Psychotherapeutic Counsellor**(UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellor)

**- Application Form -**

# The UKAHPP welcomes applications from Psychotherapeutic Counsellors working with adults in the United Kingdom and who meets the published criteria for *UKAHPP Higher Accredited Registered Membership* in the category *Psychotherapeutic Counsellor* incorporating inclusion on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors*.

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

# Applicants should read the ‘*Detailed Accreditation Criteria’* for Psychotherapeutic Counsellors before completing this form – see link below.

# Part A:

To be completed by applicants who have successfully completed a recognised practice based core training in ‘*Humanistic Psychotherapeutic Counselling’* OR an equivalent portfolio training with qualifications that meets the following criteria:

* **Level 6** or above of the *Quality Assurance Agency: Framework for Higher Education Qualifications of UK Degree Awarding Bodies* (Bachelor’s Degree, Graduate Diploma; Graduate Certificate).
* **450** tutor contact hours
* **450 hours** of supervised practice in a recognised placement(s)
* **1 hour** of supervision to **6 hours** of client contact for first 100 client hours
* **105 hours** of personal therapy

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| Please state ***‘YES’*** if all the above criteria applies to your training. |  |

**Part B:**

**1. Personal Details:**

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| **SECOND Name:** |  |
| **FIRST Name(s):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Nationality:** |  |
| **UKAHPP Membership No:** | *If applicable - please give details of previous UKAHPP Membership* |
| **Telephone Numbers:** |  |
| **Email Address:** |  |
| **Website:** |  |

**2. Work Experience:** Please provide a list of your experience as a paid or voluntary Psychotherapeutic Counsellor – most recent first.

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

**3. Type of Experience:** Please indicate the type of setting where you practice Psychotherapeutic Counselling - 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 attach scanned certificates of all statutory and voluntary *registration* and *accreditations* you currently hold.

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

**5. UKCP Registration:**

The UKAHPP is an Organisational Member of the UK Council for Psychotherapy (UKCP) and its standards of training and education for Psychotherapists comply with UKCP Registration requirements. The UKAHPP has the facility to submit the name of applicants who have successfully attained Psychotherapist Accreditation for inclusion on the UKCP Register with the *Psychotherapeutic Counselling and Intersubjective Psychotherapy College* (PCIPC) and for their practice to be governed by under the UKCP Central Complaints Procedure. An additional fee applies. The UKCP: HIPC Standards of Education and Training are available if requested. Please indicate below if you would like UKAHPP to sponsor you for UKCP Registration. Additional information will be provided if your UKAHPP Accreditation application is successful.

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**Part C:**

**1. Training Summary:** Please list all formal training courses completed and qualifications awarded – please not do include CPD courses. Continue on a separate sheet if necessary.

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

**2. Continuing Professional Development:** This section applies if an applicant has been in practice for a period greater than **12 months** since they completed their core training and applicants who have held *UKAHPP Registration* for a period greater than **12 months** at the time of submitting their *Accreditation Application* - a minimum of **250 hours** over a **5 year** period with a minimum of **20 hours** within any given year. Please see the *UKAHPP Continuing Professional Development and Supervision Policy.* Continue on a separate sheet if necessary

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

**3. Caseload:** This section applies to applicants who have been in practice for a period greater than **12 months** since they completed their core training. It also applies to applicants who have held *UKAHPP Registration* for a period greater than **12 months** at the time of submitting their *Accreditation Application.*

3.1 How many clients are currently on your caseload? If you work in more than one setting please provide information for each setting.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Setting | | Twice weekly | Weekly | Fortnightly | Infrequently | TOTAL |
| A. | |  |  |  |  |  |
| B. | |  |  |  |  |  |
| C. | |  |  |  |  |  |
| D | |  |  |  |  |  |
| E. | |  |  |  |  |  |
| **TOTAL: Clients *Currently* seen in all settings** | | | | |  |

3.2 What is the total number of clients you have worked with since completing your core training for each of the following frequencies? If you have worked more than one please provide information for each setting.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Setting | | Twice weekly | Weekly | Fortnightly | Infrequently | TOTAL |
| A. | |  |  |  |  |  |
| B | |  |  |  |  |  |
| C. | |  |  |  |  |  |
| D. | |  |  |  |  |  |
| E. | |  |  |  |  |  |
| **TOTAL: Clients *Currently* seen in all settings** | | | | |  |

3.3 What is the total number of clients you have seen for each of the following durations (where applicable) over the past 5 years:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6 Months** | **1 Year** | **1.5 Years** | **2 Years** | **3 Years** | **Longer** |
|  |  |  |  |  |  |

**4. Case Study:** Please provide a 4,000 word (+ - 10 %) word case study demonstrating how you have worked with a client including the application of theory and the use of supervision – see guidelines provided.

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

**5. Humanistic Orientation Statement:** Please provide a statement of approximately 1,000 words a about your orientation as a Humanistic Psychotherapeutic Counsellor.

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**6. 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** |
|  |  |  |  |

**7. Personal Therapy:** Please list therapy you have received – 105 hours minimum required, you may include therapy undertaken as part of your training

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

**a. Indemnity Insurance:**

*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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| --- | --- |
| 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.*

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

|  |  |
| --- | --- |
| Answer *‘****YES’*** or ***‘NO’*** |  |

## e. Complaints:

*Are you currently subject to any professional complaints, investigations or disciplinary procedures?*

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

1. *Have any complaints against you been upheld?*

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

1. *Have any sanctions been discharged?*

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

## f. Criminal Convictions:

*Do you have any unspent criminal convictions.*

|  |  |
| --- | --- |
| 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 E: Declaration**

I wish to apply for *UKAHPP Full Accredited Membership* in the category of *Psychotherapeutic Counsellor (Registered)* for my name to be included on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors;* and declare that:

1. *I have successfully completed a professional training at level 6 of the QAA framework in accordance with the published criteria for UKAHPP Full Accreditation Membership as a Psychotherapeutic Counsellor.*
2. *I am in practice working with adults in the United Kingdom as a qualified Humanistic Psychotherapeutic Counsellor 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 as a UKAHPP Accredited Psychotherapeutic Counsellor and have submitted a Supervisor’s Report in support of my application.*
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 (UKCP Central Complaints Procedure 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.*
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*

**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** |
|  |  |  |  |

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

**Checklist:** Please ensure you complete all sections of the application form (most recent version) and ensure that supporting documentation such as certificates and course literature is submitted evidencing satisfactory completion of all practice based and Minimum Curriculum requirements including:

* Evidence of Level 6 QAA Framework training and qualification – Certificates etc as ***PDF*** attachments
* Case Study (4,000 words)
* Humanistic Practice Statement (1,000 words)
* Evidence of Professional Indemnity Insurance
* Details of UKAHPP Registration (if applicable)
* Complaints and conviction details (if applicable)
* Supervisor’s Report – signed by supervisor and supervisee
* Referee’s Statement
* 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.

**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* to ensure that 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 to [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk)

All Psychotherapeutic Counsellor Accreditation applications will be processed by the *Membership Committee for entry on to the UKAHPP Register before Accreditation verification is conducted* by the *Accreditation Committee.*

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

**Box BCM AHPP**

**27 Old Gloucester Street**

**London**

**WC1N 3XX**