UK Association for Humanistic Psychology Practitioners

**Accredited Registered Membership**

***(Attainment of Additional Criteria)* Application Form**

*(UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors)*

**Introduction**

This Application Form is only for the use of *Registered Members* who can evidence completion of the additional criteria for upgrade to *Accredited Registered Membership*.

Applicants who do not currently hold UKAHPP Registration and wish to apply for *Accredited Registered Membership* may submit an application using the *Registration and Accreditation Application Form* available on the UKAHPP website

*Registered Members* must provide documentary evidence affirming the successful completion of:

* An additional **350 hours** of post training supervised Humanistic practice within a minimum of two years (A total of 450 hours including 100 hours during training)
* An additional **30 hours** of Personal Therapy (A total of 60 hours including 30 hours during training)
* The above being supported by a **Supervisor’s Report**. If an applicant has more than one supervisor additional reports are required – the primary report must be submitted in respect of consultative supervisor not peer supervision (individual, group etc).

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

**Part A:**

**1. Personal Details**

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

**2. Employment:** Please provide a list of your experience as a practicing Psychotherapist and Psychotherapeutic Counsellor – paid and voluntary since

registering with the UKAHPP – current or most recent first.

|  |  |
| --- | --- |
| **Organisation**  *Please do* ***not*** *use abbreviations* | **Supervised Practice Hours (*Approx*) and Details of Practice** |
|  |  |

**3. Additional Training and CPD:** Please list all psychotherapy and counselling training and CPD completed since being admitted to the UKAHPP Register - submit copies of certificates and supporting evidence as PDF documents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 all current professional affiliations (Membership; Registration; Accreditation) statutory and voluntary and provide PDF copies of certificates.

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

**5. Supervision:** Please list all current supervision you are receiving – individual, peer or group format – most recent first.

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

**6. Personal Therapy:** Please list personal therapy you have received – you may include therapy undertaken as part of your training and group therapy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Therapist** | **Duration/ Frequency** | **Total Hours** | **Orientation/Approach** |
|  |  |  |  |

**7. Practice Statement:** Please provide a 1,000-word (approx) statement about how your Humanistic practice has developed as a UKAHPP Registrant.

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

**Part B: 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.

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

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

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

|  |  |
| --- | --- |
| If the above statement is applicable to you please confirm with a ***‘YES’*** |  |

**5. 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.*** |  |

Have any complaints against you been upheld?

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

Have any sanctions been discharged?

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

**6. Criminal Convictions:** Do you have any unspent criminal convictions?

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

***Note:*** *Do* ***NOT*** *disclose any offences previously reported to UKAHPP; or any fixed penalty motoring offences, unless you were disqualified from driving.*

**Part C: Declaration**

I wish to apply for *UKAHPP Accredited Registered 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 *Humanistic* psychotherapeutic counselling or psychotherapy training in accordance with the published registration criteria.
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.
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 physical and mental health and character are of sufficiently good standing to enable me to practice safely and effectively with members of the public.
7. I agree to complete and return 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.

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

|  |
| --- |
| *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 training – 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 Applications:** 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 Registered Membership 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](mailto: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***