UK Association for Humanistic Psychology Practitioners

**Registration and Accreditation**

**- Generic Application Form -**

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

**Introduction**

This Application Form is to be used for all UKAHPP Accreditation and Registration applications, except for Higher Accreditation in the categories of Humanistic *Psychotherapists and Psychotherapeutic Counsellors* including UKCP Registration *–* a separate application form is available on the UKAHPP website for these categories. A separate form is also available for applicants wishing to upgrade their existing UKAHPP registration to a higher level.

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) Handwritten applications, e-photos and links to e-documents are not acceptable and will be returned to the applicant.

**Part A: Formal Humanistic Training**

I have read the published UKAHPP Training Registration/Accreditation criteria and confirm that my academic and practice based training and subsequent practice meets the requirements for - (*please indicated*):

|  |
| --- |
|  |

Entry Level Registered Membership Level 4 \*QAA Framework

|  |
| --- |
|  |

Registered Membership Level 5 \*QAA Framework

|  |
| --- |
|  |

Accredited Registered Membership Level +5 \*QAA Framework

\* Academic level in accordance with the Quality Assurance Agency (QAA) Framework – or recognised equivalence.

|  |  |
| --- | --- |
| Please state ***‘YES’*** if the above criteria apply to your application |  |

**Part B:**

**1. Personal Details**

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

**2. Employment:** Please provide a list of your experience as a practicing Psychotherapist or Psychotherapeutic Counsellor with adults only over the past 10 years, current and most recent first.

|  |  |  |
| --- | --- | --- |
| **Dates** | **Organisation**  *Please do* ***not*** *use abbreviations* | **Supervised Practice Hours and Type of Practice – employment, voluntary, private practice or other paid work** |
|  |  |  |

**3. Training and Qualifications:** Please list all completed psychotherapy and counselling training **AND** provide evidence as PDF attachments as to how your training meets the published UKAHPP Registration/Accreditation criteria including: certification, course literature (prospectus, syllabus) signed tutor contact hours verification, Award Body details, academic affiliation and evidence of academic level in accordance with the \*Quality Assurance Agency (QAA) framework or equivalence – level 4 and above (you may have to produce evidence from a recognised course equivalence verification agency). Please do **NOT** include Continuing Professional Development short courses and Certificates of Attendance. Continue on a separate sheet if necessary.Please do not use abbreviations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates | Course Title | Training Provider | Tutor Contact Hours | Award Body | Academic Award and \*QAA Level |
|  |  |  |  |  |  |

**4a. Supervision – First 100 Hours:** Please list all supervision (individual, peer, group format) you have received for the first 100 hours of your training practice, at a minimum ratio of 1 hour supervision to 6 adult client hours –private practice hours and peer supervision cannot be included. Please provide details about where the first 100 hours of client practice hours was undertaken e.g. employer/voluntary sector agency and centre address.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | **Supervisor’s Name, Orientation/Accreditation (Peer or Contracted Consultative)** | **Hours Per Month** | **Individual or Group Format** | **Where Practice Hours was undertaken** (*e.g. employer/agency address)* |
|  |  |  |  |  |

**4b. Supervision – Subsequent Supervision:** Please list all subsequent supervision at a minimum of 90 minutes supervision per month, with a minimum of 3 adult client hours per week undertaken over the last 10 years in chronological order.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Supervisor’s Name, Orientation/Accreditation (Peer or Contracted Consultative)** | **Hours Per Month** | **Please indicate if Individual, Group\* and or Peer Supervision** *\*Include number of group members* |
|  |  |  |  |

**5. 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.

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

**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** | **Approach and Format** |
|  |  |  |  |

**7. Practice Statement:** Please provide a statement of approximately 1,000 words about your Humanistic practice.

|  |
| --- |
| ***Continue on a separate sheet as necessary***.  *In your statement you are required to provide a summary of how your work with clients is informed by Humanistic theory; how you establish a therapeutic frame; your understanding of human nature, psychological distress and the process of change; and the significance of the therapeutic relationship.* |

**Part C: 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 and sanctions been upheld against you?

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

If ‘Yes’ do you have any unspent sanctions?

|  |  |
| --- | --- |
| 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 D: Declaration:**

I wish to apply for *UKAHPP Registration*, 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 recognised *Humanistic* training in Psychotherapeutic Counselling or Psychotherapy in accordance with the published criteria for *UKAHPP Registration*.
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 whilst 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 additional information if required by UKAHPP.

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

*\* Electronic facsimile acceptable*

**Part E: 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 Humanistic 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***

***Box BCM AHPP***

***27 Old Gloucester Street***

***London***

***WC1N 3XX***