

**UK Association for Humanistic Psychology Practitioners**

**Transfer of Registration**

**Part A: Personal Details**

This streamlined route has been created to allow the smooth transfer of Humanistic counselling and psychotherapy registration from other organisations including PSA Accredited Registers.

Please complete all sections of this form in *12 point black* ***Arial*** *font* and returned as a ***PDF*** email attachment to: [admin@ukahpp.org.uk](mailto:admin@ukahpp.org.uk). UKAHPP will hold information provided in accordance with Data Protection requirements.

|  |  |
| --- | --- |
| **SURNAME:** |  |
| **First Name(s):** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Nationality:** |  |
| **Email Address:** |  |
| **Website:** |  |
| **Telephone Number:** |  |
| **Employment:** *(Name, Address and Job Title – enter ‘Self Employed if necessary)* |  |

I have read the criteria for each category of UKAHPP Registration/Accreditation and understand the terms ‘registration’ and ‘accreditation’ are not generic, with organisations having different criteria and believe my training and experience equates with the following category of UKAHPP Registration/Accreditation.

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| --- |
| *Please state here* |

**a. Employment:** *Please indicate your type of employment – tick more than one box if necessary.*

**NHS Local Authority**

**Self Employed Education**

**Charity/Voluntary Sector Business/Commercial**

**Other *- please specify***

**b. Training and Qualifications:** Please list all qualifications in psychotherapy and psychotherapeutic counselling including CABP Training at ***level 5*** (and above) of the *Quality Assurance Agency: Framework for Higher Education Qualifications of UK Degree Awarding Bodies* (Diploma of Higher/Further Education, Foundation Degree, Higher National Diploma) – do **NOT** include CPD, certificates of attendance etc.

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

**c.** Please list details of all statutory and voluntary professional registration and accreditations you hold with other organisations.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Ref. Number** | **Registration/Accreditation** | **Organisation** |
|  |  | *Please do not use abbreviations* | *Please do not use abbreviations* |

# Part B: Current Membership and Registration

Please provide the following details about your current professional registration you wish to transfer.

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Category of Registration/Accreditation:** |  |
| **Date of First Registration/Accreditation:** |  |
| **Current Renewal Date:** |  |

# 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.

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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 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. I will also comply with UKAHPP’s published five yearly Higher Accreditation Renewal requirements and procedure.

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| 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 and 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’*** |  |

## 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.

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

## 5. Complaints: Have any professional complaints been upheld against your practice and sanctions applied or are currently being investigated?

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| 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?

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| --- | --- |
| 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.

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| Part D: Declaration I consent to my Membership, Accreditation/Registration being transferred to the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors* and declare that:   1. I am in practice, working with adults in the United Kingdom with a minimum of *3 supervised 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 Registrant* with a minimum of *90 minutes* per month 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 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. 4. 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. 5. 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. 6. I agree to abide by *UKAHPP Re-Accreditation Policy;* 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. 7. 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. 8. 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* |

# Completed Forms: Please return to: [admin@ahpp.org.uk](mailto:admin@ahpp.org.uk)

 