UK Association for Humanistic Psychology Practitioners

**Streamlined Route for Accreditation Transfer from UKCP Member Organisations** *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors*

 **- Application Form -**

# 1. Personal Details

To be completed in ‘black’ ***Arial*** font and returned as a ***PDF*** email attachment. The information you provide will be held in accordance with *Data Protection* requirements.

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| --- | --- |
| **SECOND Name:** |  |
| **First Name:** |  |
| **Date of Birth:**  |  |
| **Address:** |  |
| **Nationality:** |  |
| **Email Address:** |  |
| **Website Address:** |  |
| **Telephone Number:** |  |

|  |  |
| --- | --- |
| **Employer:**  *(Name, Address and Job Title)* |  |

*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***

# 2. Current Accreditation and Registration

|  |  |
| --- | --- |
| **ORGANISATION****Name and Address** |  |
| **Membership Number:** |  |
| **Type of Registration/Accreditation** |  |
| **Date of Registration/Accreditation** |  |
| **Approach Practiced\*:** |  |
| **Number of Clients Per Week:** |  |

*\* Gestalt; Client-Centred; Transpersonal; Psychodrama; Bodywork; Psychosynthesis; Integrative etc.*

**3. Reason for Transfer:** Please provide a 2,500-word statement about your reasons for wishing to transfer your accreditation and why you consider UKAHPP to be a Humanistic home.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates**Start Endd/m/y d/m/y | **Type of CPD activity**(Books, workshops 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***. |  |

**5. Humanistic Case Study:** To be completed only by applicants from non-HIPC and PCIPC organisations. Please provide a 3,000-5,000 case study demonstrating your Humanistic orientation and practice.

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

**6. Accreditation:** Please list and attach scanned certificates of all statutory and voluntary *registrations* and *accreditations* you currently hold.

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

# 7. Contribution

The *UKAHPP* is an organisation that relies on the voluntary contribution of its members to function. As a *Registered Member* of the *UKAHPP* you may be called upon to contribute to the running of one of its standing committees. Please indicate which committee you would prefer to make a contribution to. Please mark your preference with a clear ***‘X’***.

|  |  |
| --- | --- |
| ***Membership Committee*** |  |

|  |  |
| --- | --- |
| ***Ethics Committee*** |  |

|  |  |
| --- | --- |
| ***Accreditation Committee*** |  |

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| --- |
| ***Other Please State:*** |

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# 8. Notification of Practice Details

**a. Indemnity Insurance**

*I confirm that I hold appropriate cover under an indemnity insurance arrangement with my employer or a valid insurance policy in relation to my practice and attach* ***evidence*** *of such. I will also provide additional information if required by UKAHPP.*

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

## b. Continual Professional Development (CPD)

*I agree to undertake at 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 given year. Evidence of my CPD over the past 5 years is attached. 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’*** |  |

## c. Supervised Practice

*I confirm that I have and will continue to have an on-going* ***supervision*** *arrangement conducive to my Humanistic practice and have submitted a* ***Supervisor’s Report*** *in support. I will provide additional evidence if required by UKAHPP.*

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

## d. Therapeutic Executor

*I confirm that I have a Therapeutic Executor or alternative arrangements 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’*** |  |

## e. Breaks in Practice

*Have you had any breaks in practice of more than 3 months during the last 12 months?*

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

## f. Complaints

*Have you had any professional complaints brought against you in the past 5 years that?*

* *Have been upheld and sanctions applied*
* *Are currently being processed.*

|  |  |
| --- | --- |
| 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?*

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

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| 9. DECLARATIONI wish to transfer my UKCP accreditation with the HIP or PCIP college to UKAHPP to the UKAHPP; 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 training in Psychotherapy or Psychotherapeutic Counselling in accordance with the published criteria for UKAHPP Full Accreditation Membership as a Psychotherapist or Psychotherapeutic Counsellor.
2. I am in practice in the United Kingdom as a Humanistic *Psychotherapist or Psychotherapeutic Counsellor* with a minimum of *3 adult supervised client contact hours* per week and that I will abide by the *UKAHPP Code of Practice* and *Ethical Principles*. I also understand that as a UKCP Registered Psychotherapist or psychotherapeutic Counsellor my practice will be governed under the *UKCP Central Complaints Procedure*.
3. I will 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.
4. I agree to abide to the terms and conditions relating to a registrant’s use of the *UKAHPP, PSA and UKCP* names and logos.
5. My health (physical and mental) and character are of sufficiently good standing to enable me to practice safely and effectively with members of the public.
6. I will complete and return to the UKAHPP an *Annual Notification of Practice and Registration Renewal Declaration Form* and will provide additional *Personal Identity* and other information if required by UKAHPP.
7. I understand that my name and professional status will be included on the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors* and that any complaints and sanctions upheld against my practice will be published in the public area of the UKAHPP website.
8. I understand that unsuccessful applicants may submit a written request to the *Chair of the Accreditation Committee* for a review of this decision, with evidence as to how any identified omissions to the published criteria for UKAHPP Psychotherapeutic Counsellor Accreditation have been complied with; and that the *Accreditation Committee’s* decision will be final.
9. The information contained in this *Application Form* is true and accurate.

**Signature\*:** ............................................................................... **Date:** …. **/**…. **/**….***\*****Electronic facsimile accepted* |

**Completed Forms:** Please check on the *UKAHPP Website* to ensure that you have completed the most **recent version** of the Application Form and return with supporting documents as ***PDF*** email attachment to admin@ahpp.org.uk OR post **9 collated copies** of your application form and all supporting documents to:

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

***Box BCM AHPP***

***27 Old Gloucester Street***

***London***

***WC1N 3XX***

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

* Evidence of equivalent Level 7 QAA Framework training – Certificates etc as ***PDF*** attachments
* For non HIPC & PCIPC organisations – A 3,000-5,000 word case study
* 2,500 statement about reasons for transfer
* 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 £100 – 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.

**Documentation:** Please list all documents submitted in support of your application.

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| *Please continue on a separate sheet as necessary* |

September 2018

UK Association for Humanistic Psychology Practitioners

**- Supervisor’s Report -**

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**APPLICANT’S FULL NAME:**

Thank you for providing a report in support of the above applicant’s application to transfer their accreditation to the *UKAHPP Register of Humanistic Psychotherapists and Psychotherapeutic Counsellors.* Please write clearly in **black** ink.

**A. Supervisor’s Details:**

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Name:** |  |
| **Address:** |  |
| **Contact Telephone Numbers:** |  |
| **Contact Email Address:** |  |

|  |  |
| --- | --- |
| **Model of Supervision:** |  |
| **Professional Membership and Accreditations:** |  |
| **Supervision Qualifications:** |  |

**B. Supervision Details:**

**1. Please give details if you have any formal responsibility for the applicant’s practice?**

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| --- |
|  |

**2. How long have you been the applicant’s supervisor?**

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| --- |
|  |

**3. How long do you intend to continue as the applicant’s supervisor?**

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| --- |
|  |

**4. Is the supervision provided Consultative; Peer; Management; other – Please expand if necessary:**

|  |
| --- |
|  |

**5. What is the format of the supervision you provide – Individual; Group; other Please expand if necessary:**

|  |
| --- |
|  |

**6. If ‘Group’ how many supervisees are there in the group and how much time is allocated to each supervisee?**

|  |
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|  |

**7. What is the duration and frequency of the supervision provided?**

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|  |

**C. Supervisor’s Statement:**

**Please provide a statement about the applicant’s use of supervision – do you consider the applicant’s approach and orientation to be Humanistic?**

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|  |

**Please outline any reservations you may have (if any) about the applicant being included on the UKAHPP Register?**

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|  |

**I confirm that I have read the details of the application and that they are correct to the best of my knowledge.**

**Supervisor’s signature\*:** ......................................................... **Date:** ….**/**….**/**….

***\**** *Electronic facsimile accepted*

**Applicant’s comments (if any):**

|  |
| --- |
|  |

**Applicant’s signature\*:** .......................................................... **Date:** ….**/**….**/**….

***\**** *Electronic facsimile accepted*