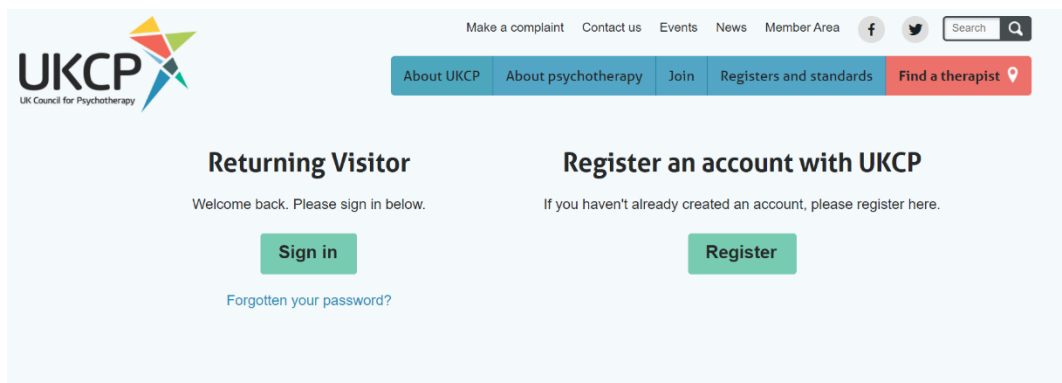


## **JOIN UKCP ONLINE – Step by Step Guide / Full-Clinical Member**

- 1. Join online**
- 2. How to create an account**
- 3. Apply via your account**
- 4. Applying as: Full-Clinical Member**
- 5. Start your application**

## 1. Join online

- Press **Join online** link.



- **You need to apply online via your UKCP account.**

**Sign in as a Returning Visitor** using your **email address as a Username** and a password which you have created. If you have forgotten your password, your password can be reset. Press “[Forgotten your password?](#)” link and create a new password via a link sent to you by email.

### Returning Visitor

**Sign in as a returning visitor:** If you are a current member of UKCP wishing to upgrade/change their membership grade

**Sign in as a returning visitor:** If you created your UKCP account already in the past

**Create an account with UKCP as a New Visitor** your **email address will be used as a Username** and a password you need to create.

### Register an account with UKCP

**Create your account with UKCP as a New Visitor:** If you did not create one in the past

## 2. How to create an account

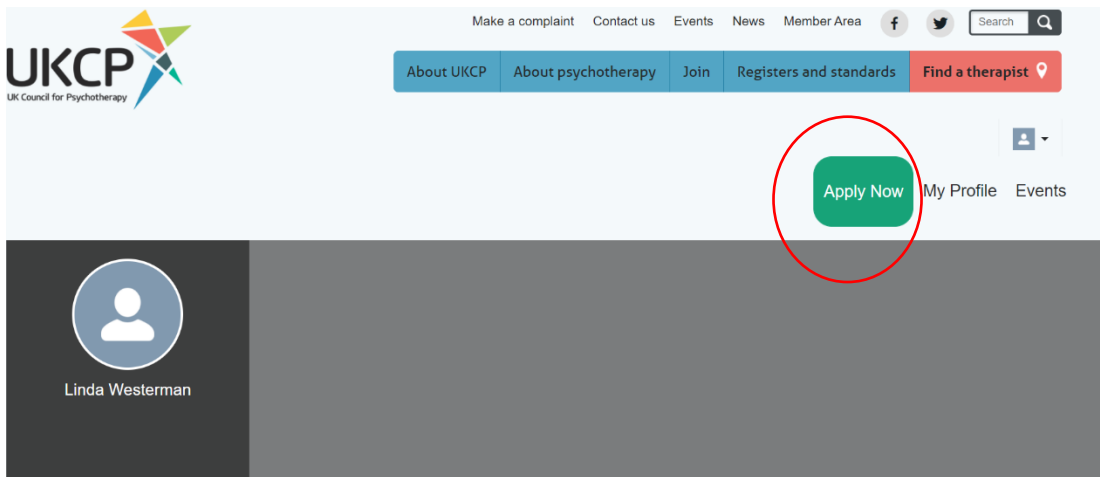
## UKCP Portal Registration Form

Create an account to apply for UKCP membership or access certain areas of our website. If you have already created an account, [please log in](#).  
Passwords must be at least 8 characters long and must contain a combination of letters and numbers .

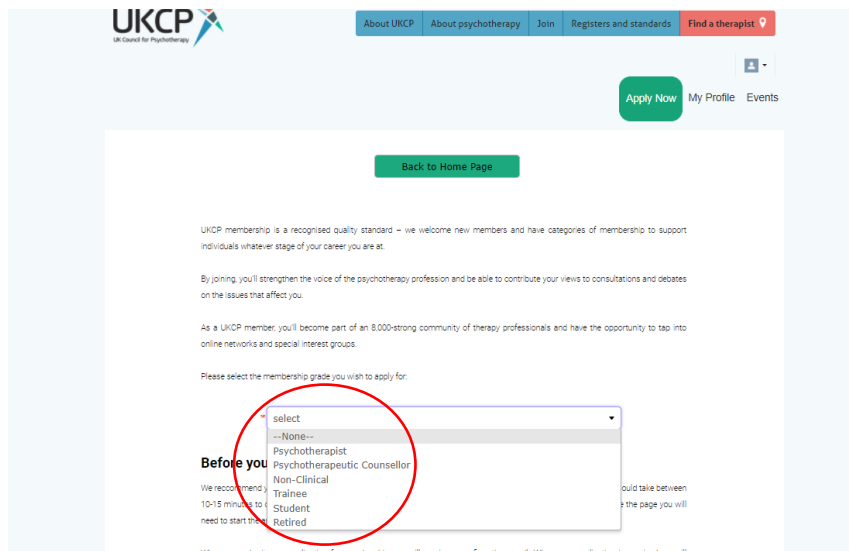
<b>First Name</b>	<input type="text" value="Linda"/>
<b>Last Name</b>	<input type="text" value="Westerman"/>
<b>Email</b>	<input type="text" value="l.westerman@gmail.com"/>
<b>Password</b>	<input type="password" value="*****"/>
<b>Confirm Password</b>	<input type="password" value="*****"/>
<input type="submit" value="Submit"/>	

- Enter your First name and Last name.
- Enter your email address. **This email address will be your Login Username.**
- Create and confirm your password. **Remember your password.**

### 3. Apply via your account



- After creating your account as a new visitor or accessing your account as a returning visitor, you can **apply online by pressing the green button** on the right-hand side corner “Apply Now”
- **Start your application process** by choosing a correct membership grade in drop-down menu



- **Choose from the drop-down menu a membership grade** you are applying for

#### 4. Applying as: Full-Clinical Member

## (Psychotherapist or Psychotherapeutic Councillor)

- Before you start your application, get acquainted with **the full clinical membership grade requirements**
- After **verifying your eligibility** press next

Please select the membership grade you wish to apply for:

Psychotherapist

**Before you start:**

We recommend you complete the online application using a desktop or laptop computer for the best experience. It should take between 10-15 minutes to complete the application and should be completed in one sitting. If you navigate away from or close the page you will need to start the application again.

When you submit your application for membership you will receive a confirmation email. When your application is received we will contact the UKCP organisational member named in your application and request approval. We will then contact you to arrange for payment of your membership fees and process your application. You can refer to the current fees [here](#).

The entire application process may take 10-15 working days.

Please contact [membership@ukcp.org.uk](mailto:membership@ukcp.org.uk) for any further queries.

**Requirements:**

- You have completed your training with a UKCP organisational member or already an existing member.
- You will need to have your qualifications and experience accredited if you trained elsewhere, and are not already a member of a UKCP organisational member.
- You have completed your training with the requisite number of clinical and supervision hours as defined by the UKCP organisational member.
- Your professional work is adequately covered by appropriate professional indemnity insurance which should be in place when you apply for membership.
- You have an active membership with the UKCP organisational member.

Next

- **Fill all necessary application fields**  
**Fields with an asterisk are mandatory**, without completing them, you cannot submit the application
- **Press next**

## 5. Start your application

### 1st Page of the application

#### Personal Details

Please use the same details that you have used to register with your UKCP organisational member.

We recommend that you register using your personal email address rather than a work email address. Your email address will be your username to log into your individual member area.

\* Full Name  
Linda Westerman

\* Date of Birth  
11/18/2020

\* Email  
lticha6@gmail.com

\* Contact Phone Number  
07856785643

\* Gender  
Female

Ethnicity  
select

Back Next

### 2nd Page of the application

1. Select the UKCP organisational member through which you are joining from the drop-down list

#### Organisational Member

Please choose the name of your UKCP organisational member from the Accrediting Organisational Member list below.

\* Accrediting UKCP Organisational Member  
Association for Dance Movement Psychotherapy UK

Other UKCP Organisational Member

Other professional organisations

Training organisations

Back Next

### 3rd Page of the application

## Confidential Address

Your confidential address will be stored in our customer database and will be used for UKCP correspondence and mailing purposes only. This is not for public view.

\*   
  
  
\*    
\*  \*

\* Would you like a Find a Therapist profile on the UKCP Find a Therapist directory?

Yes  No

If you would like your profile to be displayed on our Find a Therapist search function, you can add a practice location that will be visible to the public on our Find a Therapist directory. Once your application is approved, you can add up to two additional practice locations by logging in to the members area of the UKCP website.

## Practice Location

\*   
  
  
\*    
\*  \*   
Email

Telephone

\* Wheelchair access at this address?

Yes  No

Do you speak any languages other than English?

## 4th Page of the application

- You need to have the indemnity insurance in place before you apply for your Full-Clinical membership with UKCP

### Applicant Declarations

I have read and understand the Code of Ethics and Code of Practice for the UKCP organizational member through which I am registering. I am aware of the UKCP's minimum ethical requirements document upon which these documents are based.

I understand that by registering with the UKCP I am agreeing that I will work within the boundaries of the ethical framework that these documents define. I recognize that I am also agreeing to the terms to my practice and conduct as a psychotherapist being subject through the UKCP's framework for complaints. I understand my responsibility to provide suitable information about ethical codes and complaints procedures if requested to do so.

I am aware of the Continuing Professional Development and re-accreditation requirements specified by the organizational member through which I am registering and the UKCP College to which that organizational member belongs. I confirm that I have met these standards and submitted all relevant documentation. I understand my responsibility to maintain appropriate records of all of my professional activities. I agree to provide details and evidence of this if asked for UKCP's audit process.

I accept that the UKCP Certificate is UKCP's property and that it should be returned to UKCP if requested.

I understand that in pursuit of the provision of a regulatory framework for the profession of psychotherapy, UKCP will hold and process the information that I have provided in accordance with their policies and procedures (further details of UKCP's Data Policy is available upon request).

\* **Complaints:** Have there been any complaints made against you?

Yes  No

\* **Criminal offences & cautions:** Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?

Yes  No

\* **Disciplined by a professional body:** Have you been disciplined by any professional body or membership organisation responsible for regulating or licensing a health or social care profession?

Yes  No

\* **Suspensions & Restrictions :** Have you been suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to your practice of psychotherapy, competence or health?

Yes  No

**If you have answered yes to any of these questions, please send details in a separate envelope, marked CONFIDENTIAL to: The Complaints Team, UK Council for Psychotherapy (UKCP), 2nd Floor, America House, 2 America Square, London EC3N 2LU.**

\* Please confirm that you are aware of, and comply with, the appropriate regulation/laws related to the practice of psychotherapy/psychotherapeutic counselling in the country where you are practising.

Yes  No

\* Indemnity insurance is mandatory when you apply for membership. Please explain how your professional work is adequately covered by appropriate indemnity insurance.

Babette Insurance, IS2234/6741

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Next



## 5th Page of the application

- **Submit your application**
- **Once your application has been successfully submitted, you will receive an email notification confirming the next steps of the application process**

### Data Protection

Information submitted may be stored and processed electronically for the purposes of delivering services, marketing, supplying information and to enable statistical analysis. Data may be passed to other parts of the organization, partner organizations, companies or contractors operating on our behalf to enable this to take place. This may include transferring or holding your data outside the European Economic Area (EEA). However, we will ensure your data is always stored and handled securely.

I understand that my email address will be used for sending UKCP information.

I understand that in pursuit of the provision of a regulatory framework for the profession of psychotherapy, UKCP will hold and process the information that I have provided in accordance with their policies and procedures (further details of UKCP's Data Policy is available on the UKCP website).

### Mailing Preferences

- \* Event Advertising  Yes  No
- \* The Psychotherapist  Yes  No
- \* E-Bulletin  Yes  No
- \* Digital version of The Psychotherapist  Yes  No
- Post except Psychotherapist & essential  Yes  No
- Email excluding essential membership  Yes  No

### Payment preference

For information on UKCP membership fees, click here.

If you are joining part way through the year please refer to our fee chart. Note that if you join in July, August or September, you will be required to pay a fee for 13, 14 or 15 months respectively to save you having to renew almost immediately after you join.

Please select your payment preference below. When your application is processed we will contact you for payment.

- \*  Annual Direct Debit Subscription
- \*  Single Card Payment

\* I declare that all the information provided on this form is correct and accurate and I understand that failure to disclose relevant information could result in my membership being withdrawn.

\* Date

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Submit