UKCP
UK Council for Psychotherapy

2nd Floor, Edward House
2 Wakley Street
London EC1V 7LT
Tel: 020 7014 9955
Fax: 020 7014 9977
Email: membership@ukcp.org.uk
www.ukcp.org.uk

Application for membership of UKCP

Full Clinical Psychotherapist 2014–2015

For holders of an European Certificate for Psychotherapy

UKCP fully recognises the European Certificate for Psychotherapy (ECP) as a qualification and welcomes applications for membership from psychotherapists who have been awarded an ECP.

All the fields marked in **bold** are required for membership and must be completed in order to be registered. Please do not leave any fields blank as this may delay the processing of your membership.

Please ensure that the information that you provide is accurate and clearly legible, and that you read and sign the declaration on page 4.

There are guidance notes at the end of this form.

For a full list of membership benefits please visit www.ukcp.org.uk/join

Registered Charity No. 1058545 · Company No. 3258939 Registered in England

Application form

Fields marked in **bold** are required

Personal details

Forename _____

Surname _____

Title _____

Date of birth _____

Gender _____

Contact details 1 *CONFIDENTIAL – FOR UKCP USE ONLY*

Address line 1 _____

Address line 2 _____

Address line 3 _____

Town _____

County _____

Full postcode _____

Country _____

Telephone 1 _____

Telephone 2 _____

Fax _____

Email _____

Contact details 2 *PUBLIC – USED FOR 'FIND A THERAPIST'*

Address line 1 _____

Address line 2 _____

Address line 3 _____

Town _____

County _____

Full postcode _____

Country _____

Telephone 1 _____

Telephone 2 _____

Fax _____

Email _____

Website _____

Wheelchair access at this address? YES ☐ NO ☐

Do you want referrals via our website? YES ☐ NO ☐

Do you speak any languages other than English (please list) _____

Training and professional membership details

I confirm I hold a European Certificate for Psychotherapy YES ☐ NO ☐

Professional title (type of psychotherapy practised) _____

Name of UKCP Organisational Member _____

(if you are not with an Organisational Member and want to be a Direct Member, tick one of the College boxes below)

Training organisation _____

Training organisation _____

For Direct Members *only*:

College you are applying through (please tick one box)

- ☐ Council for Psychoanalysis and Jungian Analysis College
- ☐ Cognitive Psychotherapies College
- ☐ Constructivist College
- ☐ Humanistic and Integrative College
- ☐ Hypno-Psychotherapy College
- ☐ Systemic Therapy College
- ☐ Sexual Relationship College
- ☐ College for University Based Trainings
- ☐ College of Medical Psychotherapists

For more information about our Colleges please visit our website www.ukcp.org.uk

Applicant declaration

I have read and understand the UKCP's Ethical Principles and Code of Professional Conduct.

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

I am aware of the continuing professional development and re-accreditation requirements specified by the UKCP College through which I am registering. 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 selected 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

Please read the following and advise us if any apply to you.

Complaints Have there been any complaints made against you? NO ☐ YES ☐

Criminal offences and cautions Have you been convicted of a criminal offence, received a conditional discharge for an offence, or accepted a police caution? NO ☐ YES ☐

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? NO ☐ YES ☐

Suspensions and 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? NO ☐ YES ☐

I confirm that I have professional indemnity insurance cover of at least £1 million:
personal ☐ or
provided by my employer / NHS Trust ☐

Name of employer / NHS Trust _____

If you have answered yes to any of these questions, please send details in a separate envelope, marked CONFIDENTIAL to:
The Professional Conduct Officer, UK Council for Psychotherapy (UKCP)
2nd Floor, Edward House, 2 Wakley Street, London EC1V 7LT

Data protection

UKCP's Data Protection Policy gives details about how data is handled. It includes details on how sensitive information will be protected and used (further details of UKCP's Data Policy is available on the UKCP website).

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).

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.

Name _____

Signed _____ Date ____ / ____ / ____

Payment options

The annual fee for UKCP membership is £241. Each year all UKCP members renew at the same time. This means for those whose form is received in November will be asked to pay for 11 months, those in December for 10 months and so on. Please see the table below for the fee you will be required to pay.

I would like to pay for my UKCP membership by (please tick the relevant box):

☐ Annual Direct Debit — A discounted subscription of £231 is available for members who pay by Direct Debit. Please complete the Direct Debit mandate form (see next page).

☐ Credit or debit card — If you would like to pay by card please provide a telephone number we can call you on to take a card payment when we have processed your application form.
Telephone _____

Security Password

Please provide us with a password so that when we call you to take payment we can verify we are calling from the UKCP: _____

Fees

Joining Month	Portion of Year	Non-Direct Debit Membership Fee	Direct Debit Membership Fee
Oct 2014	12/12ths	£241	£231
Nov 2014	11/12ths	£221	£211
Dec 2014	10/12ths	£201	£191
Jan 2015	9/12ths	£181	£171
Feb 2015	8/12ths	£161	£151
Mar 2015	7/12ths	£141	£131
Apr 2015	6/12ths	£120	£110
May 2015	5/12ths	£100	£90
Jun 2015	4/12ths	£80	£70
Jul 2015	TBC	TBC	TBC
Aug 2015	TBC	TBC	TBC
Sep 2015	TBC	TBC	TBC

If you are unsure how much you should pay please call membership on 020 7014 9955 and select option 1.

If you are paying by Direct Debit or credit/debit card, we will confirm the correct amount to you before payment is taken.

UK Council Psychotherapy

Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

UK Council for Psychotherapy
2nd Floor
Edward House
2 Wakley Street
London
EC1V 7LT

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager — Bank/Building Society

Address

Postcode

Reference

Service User Number

2	5	0	9	3	1

FOR PSL re UK Council Psychotherapy OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.
Important – Please complete these details:

Account Holder(s) Name & Address:

Name:

Address:

Postcode:

Email Address:

Instruction to your bank or building society
Please pay PSL re UK Council Psychotherapy Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PSL re UK Council Psychotherapy and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DDI1

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit PSL re UK Council Psychotherapy will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request PSL re UK Council Psychotherapy to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by PSL re UK Council Psychotherapy or your bank or building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when PSL re UK Council Psychotherapy asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building Society. Written confirmation may be required. Please also notify us.

Guidance notes

The following notes are provided to assist you in completing the application form and to clarify what UKCP requires and how we will use the information that you provide. If you require further assistance or would like to read the documents referred to in this form please visit our website www.ukcp.org.uk.

Only members who hold a current European Certificate for Psychotherapy should use this form. If you do not hold this certificate please complete our Full Clinical Psychotherapist form.

Addresses

It is important that UKCP has an appropriate address at which to contact each member.

This 'confidential' contact address is the address to which you would prefer postal items from UKCP to be sent. Postcodes are very important. Please ensure that you enter yours correctly.

A public address is required for the UKCP Register; this may be your name and town only. However, for your profile to show on *Find a Therapist* you must provide a full postcode with your town and county.

Please note As a minimum the town or county in which you practice or are resident will be shown against your name on our website, and in our responses to public enquiries. This is to assist the public in identifying and differentiating between members with the same or very similar names.

Email

Most UKCP communication with members is done by email. You can control which emails you receive from us by logging in to our website - you will be able to do this when your application has been processed.

Please make sure that your email address is clear as it is easy to confuse certain characters (for example l and 1).

Telephone/fax number

Please ensure that you enter a contact telephone number and that it is in the correct section of the form (for example, UKCP use only, or for public use).

If you are providing a fax number please consider whether this is a shared fax number. Confidential items are not sent by fax without confirmation by UKCP. However if a fax number is publicly available it is possible that sensitive/confidential items may be sent by the public to the number.

Training and professional membership details

It is important that we know about other professional bodies to which you belong. UKCP is working with other voluntary regulators and professional bodies to improve appropriate information sharing strategies for regulatory matters. We will inform you in writing if we need to communicate to your other membership bodies about your membership. Any communication would be in accordance with UKCP policy and the data protection act.

Please ensure that you identify all UKCP and other organisations at which you have trained in psychotherapy. This information will be used to allow cross checking of qualification,

accreditation and training standards details. This is important in providing a sound regulatory framework.

If you have achieved your membership via an accreditation process or via 'grandparenting' please ensure that you clearly indicate through which organisation this was originally achieved. For more information on achieving accreditation or grandparenting please go to our website: www.psychotherapy.org.uk.

Return of forms and payment

Please forward you application form to UKCP with the appropriate application fee if you are paying by cheque, telephone number if you would like to pay by credit/debit card or complete the Direct Debit mandate to pay by annual Direct Debit. The address to return it to is:

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2 Wakley Street
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