



ICP – UKCP cross border registration agreement application form

Please provide the following information

Personal details

Last Name:	
First Name(s):	
Title	

Gender: Female Male

Contact details

Address	
Address line 1	
Address line 2	
Address line 3	
City	
County	
Post Code	
Country	
Telephone	
Mobile	
Email	
Website	

I do not wish my contact details published on the ICP website.
Those psychotherapists who do not wish their contact details to be included on the ICP website will just appear as name and UKCP, the organisation under which you are registered.

Professional details

I work with the following:

- Individuals
- Couples
- Groups
- Families

Specialist Interests

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UKCP Declaration

I confirm that the above named person is a current full clinical member of UK Council for Psychotherapy and appears on the National Register of Psychotherapists and Psychotherapeutic Counsellors

Name	
Position	
Signature	Date