



Application for membership of UKCP

Trainee membership 2018–2019

We welcome trainee therapists into membership to allow them to access appropriate benefits to support their clinical practice as they work towards qualification.

It is available to trainees who are in the process of completing a training course and the required clinical practice hours with a UKCP organisational member that takes supervisory responsibility for any clinical practice of the trainee.

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

Terms and conditions

1. UKCP trainee therapist membership is available to trainees who are in the process of completing a training course and the required clinical practice hours with a UKCP organisational member that takes supervisory responsibility for any clinical practice of the trainee.
2. The training committee of the organisational member may recommend the trainee therapist on the following criteria, that the trainee:
 - a) has shown their good conduct and professional standing with their organisational member
 - b) is aware of and adheres to their organisational member's codes of ethics/practice/conduct
 - c) has completed their coursework to a satisfactory level and demonstrated that they are ready to commence clinical work, or have received a relevant certificate of training.
 - d) retains membership of their training or organisational member for the entire duration of UKCP trainee therapist membership.
3. Trainee therapist membership constitutes an associate membership of UKCP:
 - a) They are eligible to be included in a listing by the UKCP as 'UKCP trainee therapist' only
 - b) They do not have voting privileges at any UKCP elections
 - c) Responsibility for adherence to codes of conduct and complaints processes and any other regulatory responsibilities lie exclusively with the trainee therapist's training organisation.

Application form

Personal details

Title _____

Forename _____

Surname _____

Date of birth _____

Gender _____

Confidential address

Address _____

Town _____

County _____

Full postcode _____

Telephone _____

Email _____

Course details

Name of UKCP organisational member _____

Name of course being studied _____

Course dates Start / / Finish / / _____

Expected date of completion of studies and/or accreditation _____

Applicant declaration (please tick as appropriate)

I, the undersigned:

- confirm that I maintain a formal relationship/membership with the above named UKCP training organisation/organisational member, for the purpose of completing a training course and achieving my professional qualification and that I have agreed to abide by its codes of ethics, conduct/practice and complaints procedure.
- confirm that under the above no complaints against me have been upheld, or have been made and await resolution.
- confirm that I see clients/patients in a supervised training practice/placement.
- confirm that my supervisor is:

Name _____	Position _____
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Supervisory qualifications/accreditation _____

Membership of professional body(s) _____

Amount of supervision: frequency of supervision, and ratio or minutes per 50/60 minutes with clients/patients: _____

- confirm that I have signed a contract for, and I am in compliance with, all the requirements of the above training including, if applicable, personal therapy.
- confirm that I am aware of, and comply with, the appropriate regulation/laws related to the practice of psychotherapy/psychotherapeutic counselling in the country where I am training.
- agree that I will ensure the term and description 'UKCP trainee therapist' or 'UKCP trainee psychotherapeutic counsellor' is used appropriately on any promotional literature I use.
- agree to inform UKCP if a complaint is made against me or if I breach any of my training organisation/organisational member's codes or if I become ineligible for UKCP trainee therapist membership for any other reason.

Please explain what arrangements you have in place to ensure that your professional work is adequately covered by appropriate indemnity insurance.

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 organisation, partner organisations, 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

Please tick a box to update your mailing preferences:

- | | | | |
|---|--------------------------|--|--------------------------|
| Event advertising | <input type="checkbox"/> | E-Bulletin | <input type="checkbox"/> |
| The Psychotherapist | <input type="checkbox"/> | Digital version of Psychotherapist Email | <input type="checkbox"/> |
| Post except Psychotherapist & essential | <input type="checkbox"/> | excluding essential membership | <input type="checkbox"/> |

Completion of application

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 (capitals) _____

Signed _____ Date / /

Payment options

The annual fee for UKCP Trainee Therapist membership is £64. Each year all UKCP members renew at the same time in October. 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.

All trainee grade memberships must have a Direct Debit set up, please fill in the form on the following page and return with your completed application form.

Fees

Joining Month	Portion of Year	Direct Debit Membership Fee
Oct 2018	12/12ths	£64.00
Nov 2018	11/12ths	£58.67
Dec 2018	10/12ths	£53.33
Jan 2019	9/12ths	£48.00
Feb 2019	8/12ths	£42.67
Mar 2019	7/12ths	£37.33
Apr 2019	6/12ths	£32.00
May 2019	5/12ths	£26.67
Jun 2019	4/12ths	£21.33
Jul 2019	15/12ths	TBC
Aug 2019	14/12ths	TBC
Sep 2019	13/12ths	TBC

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

Completion of application

Once your organisational member has countersigned your form (see page 5), please forward it to UKCP.

UK Council for Psychotherapy
2nd Floor, America House
2 America Square
London, EC3N 2LU



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
America House
2 America Square
London EC3N 2LU

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

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Service User Number

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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

DD11

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.

FOR ORGANISATIONAL MEMBER USE ONLY

Organisational member representative declaration

The training committee of the organisational member may recommend an individual for UKCP Trainee Therapist Membership if the trainee:

- a) has shown their good conduct and professional standing with their Organisational Member
- b) is aware of and adheres to their organisational member's codes of ethics/practice/conduct
- c) has completed their coursework to a satisfactory level and demonstrated that they are ready to commence clinical work, or have received a relevant certificate of training.
- d) retains membership of their organisational member for the entire duration of their UKCP Trainee Therapist Membership.

I have read the terms and conditions (above) and confirm that

Name of applicant _____

Name of course _____

meets these criteria and I recommend that they become a UKCP Trainee Therapist Member.

Name _____ Organisational Member

Signed _____ Date / /

Organisation's stamp: