



Application for membership of UKCP

Full Non-Clinical Psychotherapist 2018–2019

This application form is for members who may be teaching or supervising but who are not engaged in clinical practice.

If you have retired from all clinical practice, please apply for our retired membership grade.

Application form

Personal details

Name _____

Membership no. _____

Applicant declaration

- I confirm that I have discontinued my clinical practice and that I do not provide psychotherapy or psychotherapeutic counselling services to individuals or groups.
- I agree to notify my UKCP organisational member (if applicable) that I am no longer practicing as a Clinical Member.
- I agree to notify UKCP in writing and to apply for re-accreditation as a Clinical Member should I decide to offer psychotherapy or psychotherapeutic counselling services at any future time as a UKCP member.
- I 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 working.

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

I have read and understand the Code of Ethics and Code of Practice for the UKCP organisational member or College 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 being a member of UKCP I agree that I will work within the boundaries of the ethical framework that the Code of Ethics and Code of Practice documents define. I recognise that I am also agreeing to challenges to my conduct as a psychotherapist being tested through the 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 either my organisational member or the UKCP College to which I belong. I confirm that I have met these terms and conditions of membership and 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 on the UKCP website).

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 & cautions Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? 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

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.

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"/>

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 £220. 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 £210 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 2018	12/12ths	£220.00	£210.00
Nov 2018	11/12ths	£201.67	£192.50
Dec 2018	10/12ths	£183.33	£175.00
Jan 2019	9/12ths	£165.00	£157.50
Feb 2019	8/12ths	£146.67	£140.00
Mar 2019	7/12ths	£128.33	£122.50
Apr 2019	6/12ths	£110.00	£105.00
May 2019	5/12ths	£91.67	£87.50
Jun 2019	4/12ths	£73.33	£70.00
Jul 2019	15/12ths	TBC	TBC
Aug 2019	14/12ths	TBC	TBC
Sep 2019	13/12ths	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.

Completion of application

Please return your completed application form to: 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 (UKCP) America House 2 America House London EC3N 2LU

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Reference

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

Service User Number

2	5	0	9	3	1
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Please Complete these details

Account Holder(s) Name & Address:

Name:
Address:
Postcode:
Email Address:

Instruction to your bank or building society

Please pay GC re United Kingdom Council for Psychotherapy 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 GC re United Kingdom Council for Psychotherapy and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

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 GC re United Kingdom Council for Psychotherapy will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request GC re United Kingdom Council for 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 GC re United Kingdom Council for 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 GC re United Kingdom Council for 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.