

2nd Floor, America House
2 America Square
London EC3N 2LU
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Fax: 020 7014 9977
Email: membership@ukcp.org.uk
www.psychotherapy.org.uk

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

- 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	Start	/	/	1 1111511	/	/
studies and/or accreditation		/	/			
Applicant declaration (please t	tick as ap	propria	te)			
I, the undersigned:						
confirm that I maintain a formal retraining organisation/organisation course and achieving my profession codes of ethics, conduct/practice and achieving my profession codes of ethics.	al memb onal quali	er, for tl	he purpo and that	se of comple I have agree	ting a tr	aining
confirm that under the above no commade and await resolution.	complaint	ts again:	st me hav	ve been uphe	eld, or ha	ave been
confirm that I see clients/patients	in a sup	ervised	training p	oractice/place	ement.	
confirm that my supervisor is:						
Name	1	Position				
Supervisory qualifications/accredit	 tation					
Membership of professional body((s)					
Amount of supervision: frequency with clients/patients:	of super	rvision, a	and ratio	or minutes p	er 50/6	0 minutes

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 of trainee psychotherapeutic counsellor' in I use.		on 'UKCP trainee therapist' or 'UKCP opropriately on any promotional literature				
agree to inform UKCP if a complaint is training organisation/organisational me trainee therapist membership for any o	ember's c	odes or if I become ineligible for UKCP				
Please explain what arrangements you ha is adequately covered by appropriate ind		nce to ensure that your professional work nsurance.				
Data protection						
Data protection						
Information submitted may be stored and delivering services, marketing, supplying in may be passed to other parts of the organ contractors operating on our behalf to enatransferring or holding your data outside twill ensure your data is always stored and	nformation, pable this the Europ	on and to enable statistical analysis. Data partner organisations, companies or to take place. This may include pean Economic Area (EEA). However, we				
I understand that my email address wi	ll be used	for sending UKCP information.				
I understand that in pursuit of the proprofession of psychotherapy, UKCP will provided in accordance with their policing Policy is available on the UKCP website	l hold and ies and p	3 ,				
Mailing preferences						
Please tick a box to update your mailing p	referenc	es:				
Event advertising		E-Bulletin				
The Psychotherapist		Digital version of Psychotherapist Email				
Post except Psychotherapist & essential		excluding essential membership				
Completion of application						
I declare that all the information provide understand that failure to disclose relevanembership 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

Instruction to your

bank or building society to pay by Direct Debit





UK Council Psychotherapy

Please fill in the whole form including official use box using a ball point pen and send it to: 3 1 2 5 9 **UK Council for Psychotherapy** (UKCP) America House 2 America House Please Complete these details London EC3N 2LU Account Holder(s) Name & Address Name: Name(s) of Account Holder(s) Postcode: Bank/Building Society account number Emall Address: Branch Sort Code 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 Name and full postal address of your Bank or Building Society

To: The Manager Bank-Building Society Psychotherapy and, if so, details will be passed electronically to my bank/building Signature(s)

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

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.

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	y become a UKCP Trair	nee Therapi	ist Member.			
Name Organi	Organisational Member					
Signed	Date	/	/			
Organisation's stamp:						