



Application for membership of UKCP

## Full Clinical Psychotherapist 2019–2020

UKCP welcomes applications from qualified psychotherapists.

Please ensure that the information that you provide is accurate and clearly legible, and that you read and sign the declaration, on page 3.

The organisational member declaration on page 6 must be completed by your training or accrediting organisational member.

There are guidance notes at the end of this form.

# Application form

## 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 \_\_\_\_\_  
Email \_\_\_\_\_

## Contact details 2 PUBLIC – USED ON OUR WEBSITE

Address line 1 \_\_\_\_\_  
Address line 2 \_\_\_\_\_  
Address line 3 \_\_\_\_\_  
Town \_\_\_\_\_  
County \_\_\_\_\_  
Full postcode \_\_\_\_\_  
Country \_\_\_\_\_  
Telephone 1 \_\_\_\_\_  
Telephone 2 \_\_\_\_\_  
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) \_\_\_\_\_

## Organisational membership details (mandatory)

Accrediting UKCP Organisational Member \_\_\_\_\_

Other UKCP Organisational Member \_\_\_\_\_

Other professional organisations \_\_\_\_\_

Training organisations \_\_\_\_\_

## Applicant declaration

I have read and understand the Code of Ethics and Code of Practice for the UKCP organisational member 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 registering with the 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 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 the organisational member through which I am registering and the UKCP College to which that organisational member belongs. 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 & 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 & 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 the questions in the Complaints section, 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

Please confirm that you are aware of, and comply with, the appropriate regulation/laws related to the practice of psychotherapy/psychotherapeutic counselling in the country where you are practising.

**Indemnity insurance is mandatory when you apply for membership. Please explain how your professional work is adequately covered by appropriate indemnity insurance.**

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## 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	<input type="checkbox"/>
Post except Psychotherapist & essential	<input type="checkbox"/>	Email 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 £266. 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 £256 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 phone 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	Membership Fee	Direct Debit Membership Fee
Oct 2019	12/12ths	£266.00	£256.00
Nov 2019	11/12ths	£244.00	£235.00
Dec 2019	10/12ths	£222.00	£213.50
Jan 2020	9/12ths	£199.50	£192.00
Feb 2020	8/12ths	£177.50	£171.00
Mar 2020	7/12ths	£155.50	£149.50
Apr 2020	6/12ths	£133.00	£128.00
May 2020	5/12ths	£111.00	£107.00
Jun 2020	4/12ths	£89.00	£85.50
Jul 2020	15/12ths	TBC	TBC
Aug 2020	14/12ths	TBC	TBC
Sep 2020	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.



## 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
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Name(s) of Account Holder(s)


Bank/Building Society account number

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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

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

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.

FOR ORGANISATIONAL MEMBER USE ONLY

# Organisational member chair declaration

I have taken all reasonable measures to check that

Name of applicant \_\_\_\_\_

has provided truthful and accurate information. I declare that this person is, by the rules of our organisation, suitable to be on the UKCP Register with the modality of:

Modality accredited for \_\_\_\_\_

Name of chair \_\_\_\_\_

Organisational member \_\_\_\_\_

Signed \_\_\_\_\_ Date        /        /

Organisation's stamp:

# 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.psychotherapy.org.uk](http://www.psychotherapy.org.uk).

## 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

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).

## 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 please ensure that you clearly indicate through which organisation this was originally achieved. For more information on achieving accreditation please go to our website: [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk).



## Return of forms and payment

All membership application forms must be sent to the organisational member through which you are registering. Your organisational member will countersign your completed form and use it to update their records and forward back to you.

Once your organisational member has countersigned your form, please forward it to UKCP with a contact telephone number if you would like to pay by credit/debit card or a completed Direct Debit mandate form if you would like to pay by annual Direct Debit.

The address to return this form to is:

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

Membership Team: 020 7014 9955 (Select Option 1)