

MEMBERSHIP FORM

(Trainee membership)

PERSONAL DETAILS

Name:

Address:

Tel No: Private:

Work:

Email address:

Date of birth:

UKCP Registration Number (if you have one already):

Other Membership Organisation;
(Please enclose proof of membership)

INSURANCE DETAILS *(Please enclose a copy of your current insurance certificate)*

Policy number:

Date of expiry:

COMPLAINTS

Please answer ‘Yes’ or ‘No’ to the following questions.

If this is your first application then you must tell us if any of the following have ever applied to you. If you are renewing your membership then you only need to tell us about any changes since your last application.

Disciplinary action or complaints by a professional body or membership organisation which regulates or licenses professions other than health or social-care do not need to be declared. Similarly, suspensions or restrictions do not need to be declared if they are unrelated to the practice of psychotherapy, competence or health.

<i>(Please tick relevant box)</i>	Yes	No
Has a complaint been made about you to UKCP which has either been upheld or is currently in process?		
Has disciplinary action been taken against you, or is such action under consideration, by any other professional body or membership organisation that is responsible for regulating or licensing a health or social-care profession?		
Has an employer or professional organisation suspended you or placed you under a practice restriction because of concerns relating to your capability to practice psychotherapy, owing to your competence or your health?		

Please refer to ACPP’s “Policy on disclosure of complaints and disciplinary action” (POL/ETH11)

CRIMINAL PROCEEDINGS

Any applicant must declare if they have been or are subject to criminal proceedings and have convictions against them which are currently unspent under the Rehabilitation of Offenders Act 1974. It is not necessary to disclose anything that is deemed “spent” or that has previously gone through the ACPP criminal convictions procedure. (see ACPP’s Criminal convictions policy)

SAFEGUARDING

ACPP members are required to be aware of their mandatory duties concerning the rights of children and adults at risk.

You are asked to be aware of:-

- relevant legislation, policy and procedures for safeguarding children and adults
- your responsibilities in relation to safeguarding
- how to progress if you have a concern relating to the welfare of a child or adult at risk

Please answer yes or no to confirm that you have read and are familiar with the following:

<i>(Please tick relevant box)</i>	Yes	No
ACPP Safeguarding Policy (Jan 2022) Refer to ACPP policy POL/SFG01		
ACPP Safeguarding - Basic Guidance for members (2022) Refer to ACPP policy POL/SFG02		
UKCP Safeguarding Guidelines (2018) Refer to https://www.psychotherapy.org.uk/media/w3oi0v4y/ukcp-safeguarding-guidelines-2018.pdf		

DECLARATION

I wish to apply for membership of the Association of Core Process Psychotherapists and enclose the relevant documents, listed below.

I declare that I will abide by; the UKCP and ACPP’s Code of Ethics and Practice and Diversity and Equalities Statement, and all that is contained in this application is true.

Name (please print):

Signed:Date:

CHECKLIST

Please check all documents are enclosed and that this form is completed correctly;

- Check, complete and sign this form.
- A copy of your letter or Clinical Contract from Karuna authorising you to see clients (if not previously submitted.)
- A copy of your current Professional Indemnity Insurance certificate – with a suggested minimum of £5,000,000 (£5million) cover.
- Completed Data Protection form (if not previously submitted.)
- Bank Transfer (preferable) or by cheque * Amount £ _____

(The membership year runs from 1st September until the 31st August of the following year with an annual fee of £65, but if you join during the year a pro rata amount is applicable – please see the Appendix below and please pay the appropriate amount)

(*delete as appropriate)

Name of bank account: “Association of Core Process Psychotherapists “

UK Banking Details: Lloyds Bank (Business account)

Sort Code: 30-94-36; Account: 39214368.

Please give full name as the reference ending /M to indicate membership monies. e.g. ANOther/M

International Transfers:

SWIFT (Society for World-wide Interbank Financial Telecommunications) / BIC (Bank Identifier Code) : LOYDGB21286

IBAN (International Bank Account No) : GB53 LOYD 3094 3639 2143 68

Please email your form to admin@acpponline.net

APPENDIX

PRO RATA FEES FOR JOINING PART WAY THROUGH THE YEAR

Joining Month	Pro rata amount £
Aug	£65.00
Sept	£59.58
Oct	£54.17
Nov	£48.75
Dec	£43.33
Jan	£37.92
Feb	£32.50
Mar	£27.08
Apr	£21.67
May	£16.25
Jun	£10.83
July	£ 5.42