



Counsellors and Psychotherapists in Primary Care

Member Organisation of the Psychotherapeutic Counselling Section of UKCP

MEMBERSHIP APPLICATION FORM

Registered (please select) Intermediate

RM/IM Membership no:

First Name:

Surname:

Office use only:

Surname _____

First name _____

Tel no. (day) _____ Tel no. (eve) _____

Email _____ Date of Birth _____

Correspondence Address _____

Please state the address & phone number to be shown on the Register of Members
~if different from above:

Tel: _____

Are you available to take private referrals yes no

Are you interested in receiving a UKCP Registration Pack (**Registered Members Only**) yes no

Please complete the following 7 sections: if you have any queries about filling in any of the sections please contact the CPC office either by telephone on 01243 870701 or email CPC@CPC-online.co.uk

Please see over.....

1. Training

Please tick the appropriate box/es **& attach all relevant copy certificates with your application**

Registered membership

The minimum requirement for Registered Membership is a diploma in counselling or psychotherapy at under-graduate or post-graduate level, which comprises a minimum of 450 hours of, taught theory and skills. In addition to this, training must also include a clinical placement of a minimum of 100 client hours and training supervision over and above the minimum taught theory together with a minimum of 50 hours personal therapy. CPC encourage the continuation of therapy beyond the minimum in keeping with UKCP Psychotherapeutic Counselling Section criteria. (CPC is a Member Organisation of the Psychotherapeutic Counsellor section of UKCP)

- Post Graduate Level Diploma/Masters Degree in Counselling/Psychotherapy
- Under Graduate Diploma in Counselling

Intermediate membership only

- Certificate or Diploma in Counselling (minimum 200 hours skills & theory)

2. Insurance

I have Individual Professional Indemnity Insurance or am covered by my employers Insurance and I attach a copy of the relevant documentation.

Signed

3. Supervision

I receive the equivalent of 1½ hours per month, minimum, individual supervision and enclose a completed report from my supervisor.

Signed.....

(If the supervisors report is being sent direct, under separate cover please tick box)

4. Continued Professional Development

I will adhere to the requirement of 30 hours of Continued Professional Development per year.

Signed

5. Personal Therapy

I have undertaken a minimum of 50 hours personal individual therapy and I commit to seek further therapy if a need is identified. (You may be asked to provide proof of your personal therapy hours)

Signed

6. Work/Experience [Please complete A or B or C or D]

A

I certify that.....(applicants name) has worked as a counsellor/psychotherapist, in a Primary Care/NHS setting for (please complete either in hours, or years/months) *N.B. a minimum of 3 years or 450 hours is required for Registered Membership*

Signed by Practice/Line Manager/Senior Partner.....

Please print name.....

Practice/Workplace.....

PCT..... Date.....

B

I certify that I have worked for a minimum of 450 hours post qualification clinical experience in either private practice or an organisational setting.

Private Practice – please attach written confirmation from your current and past supervisors to verify your post qualification clinical hours. The confirmation should include the total number of client hours and some idea of the range of work undertaken. It should also include details of your supervisor’s qualifications and/or professional memberships (i.e. BACP/UKCP)

Organisational Setting – please arrange for your manager to complete the following declaration

I certify that.....(applicants name) has worked as a counsellor/psychotherapist, for/within..... (name of organisation) for (please complete either in number of hours, or number of years/months) *N.B. a minimum of 3 years or 450 hours is required for Registered Membership*

Signed by Manager.....

Please print name.....

C

(Intermediate Members Only)

I certify that (applicants name) has recently been appointed to the post of.....

Date of Appointment..... PCT.....

Signed by Practice/Line Manager/Senior Partner.....

Please print name.....

Practice/Workplace.....

D

(Intermediate Members Only)

I certify that I am newly qualified and not yet working in the NHS (Intermediate membership only)

Signed by yourself..... Date

7. Payment Please select one of the following payment options:

a) I enclose a cheque for £105.00 made payable to CPC Ltd

b) I wish to pay £105.00 by credit/debit card

We accept the following cards: Switch Delta Solo Maestro JCB Visa Mastercard

Card No:

Start Date: / Expiry Date: /

Issue No: (Switch only)

Security Code (last three digits on the reverse of your card)

Cardholder Name _____

Please note that a refund of £85 will be made to any unsuccessful applicants.
The balance of £20 will be retained to cover CPC administration costs

DECLARATION

- 1.Members must supply details of any criminal record, past or present, and details of any complaints made against them, either current or historical together with details of any malpractice suits currently being investigated or historical. Failure to supply details now or in the future may result in the immediate permanent cessation of membership.
- 2. Membership commits the applicant to acceptance of the CPC Code of Ethical Principles
- 3.Where specified, members' details will be listed in the CPC Register and updated regularly. The Register will be in the public domain and members' details will be included, unless the member directly requests otherwise.
- 4.Membership will mean that your details are held on the CPC database.
- 5.CPC is registered and committed to upholding the eight Data Protection Principles of good information handling practice.

I commit to the membership criteria set out on this form and agree to work to CPC'c Code of Ethical Principles.

I give my permission for my membership information to be audited.

I confirm that all of the information I have given is true and correct to the best of my knowledge and that if it is discovered at a later date that any of information is not true then my membership may be reviewed or terminated at the discretion of the Board.

Applicants Signature.....

Date.....

Please return your completed form, any supporting documentary evidence, certificates, supervisor's report and membership fee to:

CPC, Queensway House, The Queensway, Bognor Regis, West Sussex, PO21 1QT

Tel: 01243 870701 Fax: 01243 870702 Email: cpc@cpc-online.co.uk