



Counsellors and Psychotherapists in Primary Care

SUPERVISOR MEMBERSHIP APPLICATION FORM

Surname

First Name

Address

Tel no.(day)

Tel no.(eve)

Email

DOB

Sex M/F

Please state the address details to be shown on the Register of Members if different from above

Address _____
Tel No. _____

FEES

If you are already a CPC Registered/Intermediate Member: £15

To become a supervisor member only: £105

Please make cheques payable to 'Counsellors in Primary Care Ltd' or

Tick appropriate box :

Switch Delta Solo Maestro JCB Visa Mastercard

Card No:

Start Date: / Expiry Date: / Issue No: (Switch only)

Cardholder Name _____

DECLARATION

- 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.
- Membership commits the applicant to acceptance of the CPC Code of Ethical Principles
- 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.
- Membership will mean that your details are held on the CPC database.
- CPC is registered and committed to upholding the eight Data Protection Principles of good information handling practice.

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.....

SECTION A - BOTH ROUTES

All applicants must complete this form plus Appendix 1 & 2

If you are already an individual member of CPC, please enter your membership number:
and go on to Section **B** (Training Route) or Section **C** (Grand-parenting Route).

If you are applying as a new supervisor member please complete section **A**, then Section **B** or Section **C**.

I have completed 450 hours (minimum) counselling or psychotherapy training to the following standard
please tick the appropriate box or boxes:

- | | | |
|---|--------------------------------|--------------------------|
| • UKCP Registered | ATTACH COPY CERTIFICATE | <input type="checkbox"/> |
| • Chartered as a Counselling Psychologist by the BPS | ATTACH COPY CERTIFICATE | <input type="checkbox"/> |
| • Post Grad Level Dip/Masters Degree in Couns/Psychotherapy | ATTACH COPY CERTIFICATE | <input type="checkbox"/> |
| • Diploma in Counselling (min 450 hours training inc skills and theory) | ATTACH COPY CERTIFICATE | <input type="checkbox"/> |
| • Certificate or Diploma in Counselling (min 200 hours ~ skills and theory) | ATTACH COPY CERTIFICATE | <input type="checkbox"/> |

I certify that I have undertaken a minimum of 40 hours personal individual therapy and I commit to seek further therapy if a need is identified.

Signed by yourself _____ **Date** _____

SECTION B - TRAINING ROUTE

I certify that _____ (your name) has a minimum of 5 years (2,000 hours) clinical work,
including 3 years as a counsellor or supervisor in the NHS.

Signed by Line Manager or Supervisor

Name (please print) _____ **Date** _____

Workplace Name/Setting

I have completed 40 contact hours (minimum) specific training in supervision and enclose a certificate as evidence.

SECTION C - GRAND-PARENTING

I certify that _____ (your name) has a minimum of 7 years (2,800 hours) clinical work,
including 3 years knowledge/experience as a counsellor/supervisor in the NHS.

Signed by Line Manager or Supervisor

Name (please print) _____ **Date** _____

Workplace Name/Setting

I certify that I have 3 years experience as a Supervisor additional to the 7 years required above

Signed by yourself _____ **Date** _____

CPC SUPERVISOR MEMBERSHIP APPLICATION: APPENDIX 1

Experience of the NHS:

All applicants must complete this form

| | | |
|---|--|--|
| 1 | Have you worked in the NHS? | |
| 2 | If so, in what capacity, and for how many client hours? | |
| 3 | If you have not worked in the NHS yourself, but have supervised counsellors working in the NHS, how have you gained knowledge of the NHS to enable you to supervise effectively? | |
| 4 | Have you knowledge of the following: | |
| | ▪ Psychotropic Medication | |
| | ▪ Assessment skills | |
| | ▪ Mental Health Problems | |
| | ▪ Structure of the NHS | |

CPC SUPERVISOR MEMBERSHIP APPLICATION: APPENDIX 2

Experience of working to a time limit:

All applicants must complete this form

If you have formal training - please also send a copy of your certificate.

| | | |
|---|--|--|
| 1 | Have you worked to a time limit as a counsellor? | |
| 2 | How much experience, have you had of working to a time limit (client hours) as a counsellor? | |
| 3 | In what context did you work? | |
| 4 | <p>A: Have you undertaken any training in Time Limited Work? If so please specify and attach relevant certificates.</p> <p>B: If not, and you supervise counsellors working to a time limit, how have you gained knowledge of time limited counselling to enable you to supervise effectively? (please attach a separate sheet if necessary)</p> | |
| 5 | Briefly summarise the key elements of working to a time limit: | |
| 6 | How do you apply this to your supervision of counsellors who are working to a time limit? | |