

Application for Assessment of Prior
Learning (APL) and Prior Experiential Learning (APEL)
leading to registration as a UPCA/UKCP accredited
psychotherapist or psychotherapeutic counsellor.

Guidelines for submitting the portfolio of evidence.

Contents

| | | Pages numbers |
|----|---|---------------|
| 1. | Introduction | 3 |
| 2. | Requirements for Progression to the UPCA/UKCP registers | 3 - 4 |
| 3. | Procedures for applying through APL and APEL | 4 |
| 4. | Procedure for applying to be placed on the UPCA and UKCP registers. | • |
| 5. | Criteria for assessment of the written case study | 5 |
| 6. | Guidelines on Preparing the Application | 6 |
| 7. | Guidance on presentation and structure | 7 |

Appendices

- 1. Application form
- 2. Feedback sheet for comments on the portfolio:
 - 2a For psychotherapy registration applications 2b For psychotherapeutic counselling applications
- 3. The UPCA annual renewal guidelines and CPD declaration
- 4. Guidelines for applying to be placed on the UPCA/UKCP registers and, Application form for UPCA clinical membership

Foreword

The Aim of this Handbook is to assist you with preparing your application for registration, through the Universities Psychotherapy and Counselling Association (UPCA), with the United Kingdom Council for Psychotherapy (UKCP) through the Universities Training Council (UTC).

This Handbook will be made available to those who wish to apply for registration through the APL/APEL route.

Please read the Handbook with care as it gives much useful information and includes all the forms you will need for your application.

1. Introduction

This route is for those who have completed a training and gained further post qualifying experience that together demonstrate they have met the UPCA/UTC Standards for Education and Training (SETS) for either registration as a psychotherapeutic counsellor or psychotherapist. Those applying for accreditation through this route will need to complete an application form and provide evidence in the form of a portfolio demonstrating how they meet these standards.

2. Requirements for Progression to the UPCA and United Kingdom Council for Psychotherapy (UKCP), Psychotherapy Registers.

Requirements for accreditation as a psychotherapist:

To be recommended for registration as a psychotherapist with the UPCA/UKCP, a candidate, will provide written evidence that the following criteria have been met.

- Evidence of initial training: Applicants will be required to: submit details of their
 initial training in such a way that it can be determined that this meets the UPCA
 SETs for training as a psychotherapist, identify at which organisation they trained,
 identify the main modality or modalities on which the training was based and
 provide a copy of their qualification certificate.
- **Practice:** Applicants must produce evidence of at least 500 hours of supervised clinical practice with patients/clients and supervision at a minimum ratio of 1 hour of supervision to each 6 hours of practice.
- **Personal Therapy:** Applicants must provide evidence of having undertaken a total of at least 160 hours of personal therapy.
- Continuing Professional Development: Applicants must provide a list of their CPD since graduating, up to the two years preceding this application in line with the UPCA membership renewal policy. The usual clinical membership renewal form is used for this (appendix 2).

- Supervision: Applicants must show evidence of on-going supervision and produce a signed report from their current supervisor which will reflect their competence as a practitioner and readiness for accreditation as a psychotherapist. This should also be in line with the requirements set out in the supervision policy.
- Certificate of professional indemnity insurance
- A written Case Study of a case of long term therapy, over a minimum of two years, demonstrating how the candidate's training and philosophy inform practice, 3-4,500 words.

Requirements for accreditation as a psychotherapeutic Counsellor:

To be recommended for registration as a psychotherapeutic Counsellor with the UPCA/UKCP, a candidate, will provide written evidence that the following criteria have been met.

- Evidence of initial training: Applicants will be required to: submit details of their initial training in such a way that it can be determined that this meets the UPCA/UTC SETs for registration as a psychotherapeutic counsellor, identify at which organisation they trained, identify the main modality or modalities on which the training was based and provide a copy of their qualification certificate.
- **Practice:** Applicants must produce evidence of at least 450 hours of supervised clinical practice with patients/clients and supervision at a minimum ratio of 1 hours supervision to each 6 hours of practice.
- **Personal Therapy:** Applicants must provide evidence of having undertaken a total of at least 105 hours of personal therapy.
- **Continuing Professional Development:** Applicants must provide a list of their CPD since graduating, up to the two years preceding this application in line with the membership policy requirements. The usual clinical membership renewal form is used for this (appendix 3).
- **Supervision:** Applicants must show evidence of on-going supervision and produce a signed report from their current supervisor, which will reflect their competence as a practitioner and readiness for accreditation as a psychotherapeutic counsellor. This should also be in line with the requirements with the Supervision policy.
- Certificate of professional indemnity insurance.
- A case study of 2-2500 words in length, of 6-10 consecutive sessions, demonstrating how the candidate's training and philosophy of counselling inform practice.

3. Procedure for applying for assessment through APL/APEL

- Completion of an application form.
- Submission of a portfolio to include evidence of the requirements as set out in 2 above. This is submitted to the UPCA administrator for assessment by the membership committee.
- Payment of the accreditation fee.
- Assessment of the application and portfolio by two members of the membership committee.
- Ratification of the outcome of the assessment by the membership committee and recommendation made to the UPCA council.
- Notification to the applicant of the outcome of their application.

There are four possible outcomes of the application:

- 1. The application is approved and the candidate can apply to progress to registration.
- 2. The application is deemed to have minor omissions and/or inconsistencies and the applicant is given an opportunity to put the outstanding issues right and resubmit the portfolio in a specified timescale.
- 3. The application is deemed to have major omissions and/or inconsistencies in relation to the SETS and/or criteria for assessment and is refused accreditation at this time. They are advised to undertake further training and/or experience, in order to better demonstrate how they meet specified requirements, with a view to resubmitting between 1-2 years time.
- 4. The application is deemed to have major omissions and/or inconsistencies in relation to the SETS and/or criteria for assessment and is refused accreditation at this time. No further submission is permitted. The candidate may be advised to undertake an approved training.

4. Procedure for applying to be placed on the UPCA and UKCP registers

Following the above, successful applicants will then need to complete the application form for Clinical Membership to UPCA which is to be read in conjunction with Guidelines for applicants to UPCA (appendix 4). This is submitted to the chair of the membership committee along with the UPCA/UKCP membership fee. The chair of the committee then signs the form and sends it, with a copy of the minutes from the accreditation committee, to the UPCA administrator who will then place the applicant on the register. The applicant will also need to complete a separate application form to be placed on the UKCP register. This is submitted to the chair as above.

5. Criteria for assessment of written case presentation:

Criteria for those applying for accreditation as a psychotherapist:

The applicant's written and case presentation is examined as to his / her ability to:

- Be a safe practitioner (for example able to keep to boundaries, respond appropriately to authority issues, and demonstrate the ability to reflect on practice).
- ii. Make appropriate therapeutic interventions demonstrating thoughtful, reflective practice.
- iii. Demonstrate current thinking on the implications of theories, relevant to training and experience, for practice.
- iv. Work within the UPCA/UKCP Ethical Guidelines.

Criteria for those applying for accreditation as a psychotherapeutic counsellor:

The applicant's written and case presentation is examined as to his / her ability to:

- i. Be a safe practitioner (for example able to keep to boundaries, respond appropriately to authority issues, and demonstrate the ability to reflect on practice).
- ii. Make appropriate therapeutic interventions demonstrating thoughtful, reflective practice.
- iii. Demonstrate the ability to make links between theory and practice. While it is expected that the presentation will reflect the implications of the therapeutic approaches explored on the programme(s), it is possible that one approach is explored more than others.
- iv. Work within the UPCAP/UKCP Ethical Guidelines

6. Guidelines for preparing the application

This section provides guidance to applicants, who meet the requirements as set out in section 2, above, on preparing the application. The format for this is in the form of a portfolio of evidence that demonstrates how the requirements have been met along with supporting documentation.

The portfolio will include the elements listed below.

The elements for the portfolio of evidence (where forms are required, use the forms provided in appendix 2 this document.

- Evidence of initial training: Applicants will be required to: submit
 details of their initial training in such a way that it can be determined
 that this meets the UPCA/UTC SETs for registration as a
 psychotherapeutic counsellor, identify at which organisation they
 trained and provide a copy of their qualification certificate.
- Verification of approval of therapist, supervisor and placement from the commencement of the programme of education in psychotherapy/psychotherapeutic counselling.
- Verification of hours completed since the commencement of the programme including supervision, therapy and practice hours.
- The written case study.
- Supervisor report(s) including a final supervisor report(s) specifically related to the application for professional accreditation.

• Submit 2 copies of the portfolio along with the fee of £100 to UPCA.

Guidance on presentation and structure:

- Typed, 1 ½ or double spaced, single sided, 12 point font
- Page numbers
- Contents list
- Personal details: name, address, contact details
- An introduction that also advises the reader on the structure of the portfolio and which may include a brief summary of the candidate's philosophy of practice.
- Usual assignment conventions for the case study including consistent format for references.
- The portfolio may be submitted in either hard copy or electronically.

Two hard copies and an electronic version of the portfolio should be sent to: *UPCA* administrator, *P O Box 3076, Reading, RG1 9YE or to admin@upca.org.uk*



Application for Assessment of Prior Learning (APL) and Prior Experiential Learning (APEL) leading to registration as a UPCA/UKCP accredited psychotherapist or psychotherapeutic counsellor.

| Name | | | |
|----------------------|------------|------------------------|--|
| Address | | | |
| Tel Number | | | |
| email | | | |
| Summary of tra | aining an | d experience | Location of verifiable evidence in the portfolio |
| Training | | | |
| Title of programm | ne | | |
| Name of institution | n | | |
| Length of training | l | | |
| Training modalitie | es | | |
| Supervised Prac | ctice | | · |
| Hours of practice | | | |
| Hours of supervision | | | |
| Supervisor report | | | |
| Personal therap | У | | |
| Hours of persona | | | |
| Certificate of pro | ofessional | indemnity insurance | |
| Case Study | | | |
| I declare that to | the best c | of my knowledge the in | nformation provided is correct and |

| accurately represents my training and experience. | | | | |
|--|--|--|--|--|
| Please confirm that the following are hereby enclosed: | | | | |
| Application fee, currently £100.00 subject to change (made payable to UPCA). [] 2 hard copies of the portfolio plus an electronic copy forwarded to UPCA admin. [] | | | | |
| Signature: Date: | | | | |
| UPCA administrator, P O Box 3076, Reading, RG1 9YE or to admin@upca.org.uk | | | | |



Feedback on the application submitted for Registration as a psychotherapist with UPCA and UKCP.

| NAME: | | DATE: | | |
|---|----------------|-------|--|--|
| SECTION ONE A – Evidence of requirements | | | | |
| CRITERIA: | met/not met | | | |
| Practice requirements | | | | |
| i) Minimum 4 year training at post graduate level. ii) The training meets the UPCA Psychotherapy Standards of Education and Training (SETS). iii) Training organisation identified. iv) Certification demonstrating completion of the training provided. v) The training modality clearly identified. | | | | |
| 1. Minimum of a 160 individual therapy hours with a programme approved* psychotherapist. | | | | |
| 2. Minimum of 500 client contact hours at a programme approved* placement or placements. | | | | |
| 3. i) Individual supervision at a minimum ratio of 1:6 supervision:client hours (or if in a group, the equivalent on a pro-rata basis) external clinical supervision hours, with a programme approved* supervisor(s). | i) | | | |
| ii) Satisfactory supervisor reports for the period leading up to the application | ii) | | | |
| 4. A satisfactory final report(s) from the applicant's external clinical supervisor(s) on the candidate's current practice and identifying whether the supervisor considers the applicant is ready to be put forward for UPCA/UKCP registration as a psychotherapist. | | | | |
| 6. A Written Case Study of 3-4500 of a case of long-term therapy, over two years, demonstrating how the candidate's training and philosophy inform practice. | | | | |

| 6. Written Case Study Criteria demonstrating the ability to: | | | |
|---|------------------------------------|------------------------------|--|
| i. Be a safe practitioner (for example able to keep to boundaries, respond appropriately to authority issues, and ability to reflect on practice). | i) | | |
| ii Make appropriate therapeutic interventions demonstrating thoughtful, reflective practice. | ii) | | |
| iii. Ability to demonstrate current thinking on the implications of of theories, relevant to training and experience, for practice. | iii) | | |
| iv. Working within the UPCAP/UKCP Ethical Guidelines | iv) | | |
| 7. Annual CPD return completed for the two years preceding the application | | | |
| CPD declaration is signed All relevant sections are completed Confirmation of a minimum of 4 client hours per week (face to face) Confirmation of supervision requirements Confirmation of a total of 50 hours CPD for each of the two years preceding the application. | | | |
| 8. Payment of fee: | | | |
| Signed: Date: | | | |
| Recommendation: | | | |
| 1) The application is approved. [] |) The application is approved. [] | | |
| The application is deemed to have minor omissions and/or inconsistencies [] | | | |
| 3) The application is deemed to have major | or omission | s and/or inconsistencies [] | |
| 4) The application is deemed to have major SETS and/or criteria for assessment and | | • | |

| Date: | Action: | Comments: | |
|-------|---|-----------|--|
| | Application received | | |
| | Sent to Assessors | | |
| | Assessors comments returned to membership committee | | |
| | Verification of the outcome at committee | | |
| | Applicant notified of outcome | | |



Feedback on the application submitted for Registration as a psychotherapeutic counsellor with UPCA and UKCP.

| NAME: | | DATE: |
|---|-------------|---------------------------|
| SECTION ONE – Evidence of | requirement | ts and written Case Study |
| CRITERION: | met/not met | Comments/recommendations |
| Evidence of requirements | | |
| Psychotherapeutic Counselling training i) Minimum 3 year training at undergraduate or post graduate level. ii) The training meets the UPCA Psychotherapeutic counselling Standards of Education and Training (SETS). iii) Training organisation identified. iv) Certification demonstrating completion of the training provided. v) The training modality clearly identified. | | |
| 1. minimum 50 individual therapy hours with a programme approved* counsellor/psychotherapist. | | |
| 2. minimum 450 client contact hours at a programme approved* placement or placements. | | |
| 3. i) individual supervision at a minimum ratio of 1:6 supervision :client hours (or if in a group, the equivalent on a pro-rata basis) external clinical supervision hours, with a programme approved supervisor(s). | i) | |
| ii) satisfactory supervisor reports for the | ii) | |
| period leading up to the application | | |
| 4. A satisfactory final report(s) from the applicant's external clinical supervisor(s) on the candidate's current practice and requesting whether the supervisor considers the applicant is ready to be put forward for the UPCA/UKCP Psychotherapeutic Counselling Register. | | |
| Written Case Study | | |
| 5. Written case study demonstrating the ability to:i. Be a safe practitioner (for example able to keep to boundaries, respond appropriately to authority issues, and ability to reflect on practice). | i. | |

| ii Make appropriate therapeutic interventions demonstrating thoughtful, reflective practice. | ii. | | |
|---|---|--|--|
| iii. Ability to make links between theory and practice. While it is expected that the presentation will reflect the implications of the therapeutic approaches explored on the programme(s), it is possible that one approach is explored more than others | iii. | | |
| iv. Working within the UPCAP/UKCP Ethical Guidelines | iv. | | |
| 7. Annual CPD return completed for the two years preceding the application | | | |
| CPD declaration is signed All relevant sections are completed Confirmation of a minimum of 4 client hours per week (face to face) Confirmation of supervision requirements Confirmation of a total of 50 hours CPD for each of the two years preceding the application. | | | |
| Payment of fee: | | | |
| Signed: Date: | | | |
| Recommendation: | | | |
| 5) The application is approved. [] | | | |
| 6) The application is deemed to have minor omissions and/or inconsistencies [] | | | |
| 7) The application is deemed to have maj | 7) The application is deemed to have major omissions and/or inconsistencies [] | | |
| 8) The application is deemed to have major omissions and/or inconsistencies in relation to the SETS and/or criteria for assessment and is refused accreditation at this time. [] | | | |

APPENDIX 3 – UPCA Annual renewal and CPD declaration



Universities Psychotherapy and Counselling Association

Chair: Professor Del Loewenthal Vice Chair: Dr Julia

Cayne

Dear Clinical Member

The fundamental intention underpinning all CPD activity is protection of the public through maintenance and improvement of professional standards. Accreditation of university and university-linked courses includes the provision of continuing professional development for graduates.

UPCA registered practitioners are required to keep a portfolio of their CPD activities (with certificates of attendance where possible) demonstrating that clinical professional development has been maintained and that clinical practice is up-to-date. As part of the annual membership renewal process a CPD declaration needs to be completed and signed (*electronic signature acceptable*) confirming:

- Client Contact Hours each week (a recommended minimum of 4 client contact hours per week for the first five years of practice)
- Number and frequency of Supervision Hours (consistently for the first five years)
- Personal Therapy (continued personal therapy is recommended in the first years of clinical practice)
- 50 Hours CPD Activity (50 hours is a minimum guideline not including practice hours e.g. client contact hours/supervision hours/personal therapy hours). Items that could be included as part of the CPD activity are:
 - -Core training meetings, workshops and seminars
 - -Meetings, workshops and seminars providing development across other models
 - -Experiences outside the consulting room that have resulted in new ways of thinking about and engaging in clinical work
 - -Complementary professional activities, research, writing, reading and spiritual practice.

Note:

- i) CPD Evidence (e.g. certificates; minutes etc.) copies are not required as part of the annual renewal process however please retain originals in your CPD portfolio as you may be requested to submit this documentation during a random audit process or during your quinquennial re-accreditation assessment by the UPCA registration committee.
- ii) UPCA membership starts 1st September until 31st August (CPD declarations should include activities for the previous 12 months).
- iii) UPCA are required to carry out a yearly audit of CPD and currently this is set at 4% of clinical members. Selection for audit is carried on a random basis. If you have been selected for audit there will be an additional set of papers included in your renewal documentation.

NB. As of 1st September 2014 the Universities Training College (UTC) required its members (UPCA is a member) to undertake 50 hours of CPD activities per year (in line with current UKCP requirements of a minimum 250 hours over 5 years).



Chair: Professor Del Loewenthal Vice Chair: Dr Julia Cayne

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) DECLARATION

| Name: Membership Number: | | | mber: | | |
|---|---|--|-------------------|----------------------|--|
| Membership category (please tick the relevant box): | | | | | |
| Accredited Psychotherapist | [] | Accredited Psy | chotherapeu | utic Counsellor | |
| Psychotherapist [] | [] | Psychotherape | eutic Counse | ellor | |
| Practicing Modality: | | | | | |
| Professional growth and develop | oment (No | te: hours from this section are n | ot to be included | d in the total hours | |
| Number / frequency of Client Hours (e.g. per week) | | ion hours / frequency week / fortnight) | frequency | • | |
| | | | (e.g. per wee | ek / fortnight) | |
| Have you received Personal Therapy in the past? | Yes / No | (delete) Hours/Dates: | | | |
| Are you registered as a Clinical Supervisor? | Yes / No (delete) Register: (e.g. UKCP/UPCA etc.) | | | | |
| Additional Training (Note: hours from this section and the following sections are to be included in the total hours page 2) | | | | | |
| Course Title / Recognition (credits, CEUs, PDUs, certificates) | Institution | Date | e CPD Hours | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Professional Organisation / Focus of meeting (meetings, workshops, seminars) Date CPD Hours | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Publications, Production (i.e. portfolio), Research, Journals / Topic Date CPD | | | | | |

| | | Hours | | |
|--|-------|--------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | 1 | | |
| Other professional growth activities / Topic | Date | CPD Hours | | |
| | | | | |
| | | | | |
| In Service TrainingTopic / Focus of Meeting | Date | CPD Hours | | |
| | | | | |
| | | | | |
| | | | | |
| Total CPD Hours (1st September 2013 - 31st August 2014) | | | | |
| General Comments regarding progress toward professional goals and other issues not included above (eg. educational or community service opportunities). | | | | |
| | | | | |
| | | | | |
| Upon renewing my clinical membership for the academic year 2014 - 2015 I declare that: | | | | |
| a) I have engaged in sufficient continuing professional development as shown above to ensure my safe practice of psychotherapy/counselling. b) I have advised UPCA of any breaks in practice during the previous academic year c) I have advised UPCA of any complaints made against me during the previous academic | | | | |
| year d) I have maintained adequate professional liability insurance | | | | |
| Signature: |)ate: | | | |



UNIVERSITIES PSYCHOTHERAPY & COUNSELLING ASSOCIATION

GUIDELINES for APPLICANTS TO UPCA CLINICAL MEMBERSHIP

General:

Clinical Membership of the UPCA is open to:

- a) Graduates of UPCA Accredited Courses (provided that they have graduated within four years from the date of accreditation) Parts A & B refer.
- b) Those who are already on the UKCP Register and are involved in Academic Training Courses in Psychotherapy. <u>Parts A & C refer.</u>
- c) Clinical Staff Members of Courses at the time of UPCA-Accreditation. Parts A & D refer.

Please note that UPCA can present only its Psychotherapy Clinical Members to the UK Council for Psychotherapy for Registration. UKCP does not accept individual applications.

UKCP registration is now on an 'at any time' basis open throughout the year. The UKCP issues a certificate of registration.

THE FORM

Please note that the provision of false and misleading information is in breach of the UPCA Code of Ethics and may lead to erasure from the Register.

The first page of the Application Form (PART A) asks for the applicant's data:

- Name: self evident; if you use a middle initial please mention this.
- **Title:** Mr, Mrs, Ms, Prof., Dr. etc.
- Address 1: This is the address to which UPCA & UKCP will send information and is also the address published in the Registers. UPCA should be informed of any change of address at the first available opportunity. Failure to do so may lead to the removal of your name from the Register.
- Address 2: You are entitled by UKCP to have a second address.
- **Telephone**, **Fax & Email**. You are entitled by UKCP to give two telephone numbers (the second may be a fax) and one email-number.
- Label: This indicates your most familiar style of work and should be consistent with your training and the Section's nomenclature. When in doubt, ask the Secretary for advice.
- Languages: In which language (other than English) are you able to practice?
- Wheelchair access: Has the place where you normally practice access for wheelchairs?

The following five questions are exclusively for UPCA use. Training therapists and Supervisors are expected to have been in practice for at least three years after graduation unless specific training or experience can be demonstrated.

- University: What is the University in which you are involved?
- Training Therapist: Do you wish to be listed as offering therapy for trainees?
- Supervisor: Do you wish to be listed as offering supervision?
- Website: Do you wish your details to appear on the UPCA Website in the future?
- **Research interest:** In what issues are you particularly interested?

Insurance: The work of all UPCA members must be adequately covered by Professional Indemnity Insurance (Ethics ix).

UPCA no longer has its own Professional Indemnity Insurance Scheme due to changes in the regulations concerning the selling of insurance by the FSA. UPCA members however continue to be offered a discount by Shephards Herriot.

Please let the UPCA Adminstrator know if you'd like us to pass on your details to Shephards to obtain a quote.

Membership/Registration Costs: The fee for a full year Clinical Membership is £ 75-00.

If you are already a paid up UPCA-member (£ 52-00 for Associate/Research Membership or £ 21-00 for Student membership), please deduct this from the amount.

New applicants applying after 1 June and before 1 January (start of new membership) pay a reduced fee of £50-00.

UKCP Registration fee is established each year at the UKCP AGM (£131-00 for 2006). This will be requested on acceptance of the application in time for UKCP-Registration deadlines.

If the application does not lead to Clinical Membership, the applicant may be offered Associate Membership and any overpayment will be re-imbursed.

Applicants who are already on the UKCP-Register through another MO (the "Paying MO") do not have to pay the UKCP-Registration fee through UPCA. Should you wish to nominate UPCA as your "Paying MO", please indicate this on the form and adjust your payment accordingly.

Other parts of the Form:

Parts B & D to be filled in by the Graduate's Course Director. Part C to be filled in by the applicant.

What Next? Return your completed form with cheque (payable to UPCA) to:

UPCA Administrator, P O Box 3076, Reading, RG1 9YE



UNIVERSITIES PSYCHOTHERAPY & COUNSELLING ASSOCIATION

Application for Clinical Membership

(Please read the Guidelines before filling in this form)

| PART A (to be filled in | by all applicants) | | | |
|--|--------------------|--------------------------|--|--|
| Surname | | Title: | | |
| First Name | | Middle Initial: | | |
| Address I | | | | |
| | | | | |
| Postcode: | | | | |
| Address II (optional) | | | | |
| | | | | |
| Postcode: | | | | |
| Telephone | | | | |
| Telephone/Fax | | | | |
| Email | | | | |
| Label | | | | |
| Language(s) | | | | |
| Disabled wheelchair a | access provided | | | |
| University | | | | |
| Training Therapist | Yes/No | Supervisor Yes/No | | |
| UPCA Website | Yes/No | | | |
| Research Interest | | | | |
| I apply for Clinical Me | • | | | |
| I am familiar with and will abide by the UPCA Ethics and Codes of Practice. I wish my name to be put on the Register of the UK Council for Psychotherapy. | | | | |
| Signature: | par arrane regions | Date: | | |
| | | | | |
| INSURANCE: It is essential for anyone practicing to have their own insurance. | | | | |
| Members are not covered by the UPCA's insurance. Please initial one of the following: | | | | |
| A All my clinical work is covered by my employer's / my own Insurance Scheme | | | | |
| B As I am not involved in clinical work, I do not need insurance. | | | | |
| I enclose a cheque (| @ £ | (pavable to UPCA) | | |

PART B: To be filled in by the Director of the Course from which the Applicant is a Graduate.

| I confirm that the above named applicar psychotherapy and supervision hours: | nt has attained the required practice, personal |
|--|---|
| The above named is confirmed as a Gradu Name of Course & University: | uate of: |
| UPCA Accredited on: Date of Applicants Graduation: | |
| The relevant page of the Examination B | oard Minutes are attached: |
| Signature: | Date: |
| Name and Title | |
| PART C: To be filled in by the applicant, who | o is already UKCP-registered. |
| I confirm that I am already UKCP registered | d - registration number: |
| My "Paying MO" is Year of entry on the Register and Registeria | na MO: |
| Would you like UPCA to become your "Pay | <u> </u> |
| Signature: | Date: |
| PART D: The following to be filled in by the [| Director of the Course |
| I confirm that the above named applicant is Name of Course & University | a <u>Clinical</u> Staff Member of Course |
| Date of UPCA Accreditation: | |
| Signature: | Date: |
| Name: | Function: |
| For UPCA-use only | |
| The relevant UPCA Committee has discusse Comments: | ed this application. |
| Signature Chair: | Date: |

Please send form to UPCA Administrator, P O Box 3076, Reading, RG1 9YE