

**New Application for Accredited Clinical Membership**

This membership category is open to graduates from a UPCA accredited, psychotherapeutic counselling/psychotherapy training programme/course.

Graduates will have completed all requirements of the programme/course and training, and fulfilled the necessary criteria for registration as either a psychotherapeutic counsellor or a psychotherapist.

Consequently, these members are entitled to apply to UKCP for entry onto the relevant sections of the UKCP register. Members in this category are entitled to use the designation; MUPCA (Accred) together with the relevant professional title as granted by the programme/course from which they have graduated.

**Please complete and save in either a *Word* or *PDF* format. Return by *email* to** **contactupca@gmail.com**

***Parts A-D to be completed by all applicants***

***Part E to be completed by your training university***

 **PART A:** (to be completed by all applicants)

| **Title (Dr, Ms, Mr, Miss, Mrs, Other):** |
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| **First Name(s):**  |
| **Surname:** |
| **Date of application:** | **Membership number:** |

| **Email:** | **Telephone:** |
| --- | --- |
| **Full Address (including postcode):** |

| **Training Institute/Award:**   |
| --- |
| **Programme/Course Title:**  |
| **Title applied for:** Psychotherapeutic Counsellor / Psychotherapist (*delete as appropriate)***Modality:** Integrative / Existential / Psychodynamic/Person-centred  (*delete as appropriate)* |
| Accredited Clinical Members are entitled to a complimentary listing on the UPCA website- *Your address does not appear in - Find a therapist*I hereby consent to **Find-a-Therapist website listing** at [www.upca.org.uk](http://www.upca.org.uk): **Yes / No**(*Delete as appropriate. If yes please complete below)***Website: Telephone:Email:****Headshot image:**  **Yes / No** *(If yes, please attach a high resolution image to the email when returning this application form)* |
| **Clinical Practice Declaration** *Have any complaints been made against you regarding your clinical work:* **Yes / No** |
| **Fitness to Practise declaration** *Do you comply with the UPCA FTP**procedures:* **Yes / No** |
| **Indemnity insurance** *Members are required to hold full clinical indemnity insurance:***Name of insurer:****Date insured From: To:** |
| **SUPPORTING DOCUMENTS *please provide a copy of evidence of your qualification e.g. Certificate or Exam Board Confirmation*** |
| **Additional comments** in support of your membership application (include details of any breaks in practice; membership associations etc.): |

**PART B:** (to be completed by all applicants)

| **Are you currently in clinical practice:**  **Yes / No** *If NO please list any breaks in practice over 3 months in the additional comments section above* |
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| **Client Hours per week** (average): |
| **Clinical Practice Address** *(private/placement)*:  |
| **Supervision Hours per month:**(From 01.10.2022 the minimum supervision requirement post accreditation is 1.5 hours per month. Prior to accreditation the 1:6 ratio remains)  |
| **Personal Therapy** (total hours):  |

| **Clinical Supervisor(s) Details***(Please provide details of all supervisory arrangements)***Name:** **Address:** **Telephone:** **Email:** **Registration:** *(e.g. UKCP/BACP/BPS etc.)* **Start Date:**  |
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**Part C:** (to be completed by all applicants)

| **Membership fees:** Please pay the fee when you submit your application**The fee for Accredited Clinical Membership is £75 per membership period which runs from 1st September to 31st August each year.**\*If you already hold current trainee membership and have paid trainee fees in the period 01.9.23 to 31.08.24, please deduct £45 and pay the balance of £30.**Payment should be made by:** **UK payments by BACs -** Bank transfer to UPCA **| Account Number:** 40241253 **| Sort Code:** 20-35-27**Non-UK Transfers should be made to UPCA in GBP £:** IBAN No: GB93 BARC 2035 2740 2412 53 SWIFTBIC: BARCGB22. ***Missed years/Re- joining fees:*** *an administration fee of £46.20 will be charged to re-join for a previously cancelled or lapsed membership, plus the fees for any missed years.**Get in touch with* *contactupca@gmail.com* *for clarification.* |
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| Amount Paid:Date payment made:\*Your payment reference:  | \*Important: Please include your membership number & surname in your payment reference to enable us to trace your payment |

**PART D:** (to be completed by all applicants)

(UPCA membership starts 1st September until 31st August CPD declarations should include activities for the previous 12 months)

| CONTINUING PROFESSIONAL DEVELOPMENT (CPD) DECLARATION Details of additional professional growth and development activities |
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| Courses; Workshops; Seminars; Conferences etc. | Date | CPD Hours |
|  |  |  |
| Publications: (books; journals etc; read) | Date | CPD Hours |
|  |  |  |
| Other professional growth activities (e.g. meditation; mindfulness) | Date | CPD Hours |
|  |  |  |
| In Service Training (e.g. workplace, educational or community) | Date | CPD Hours |
|  |  |  |
| General comments regarding progress toward professional goals and other issues not included above: |

CPD Guidelines: 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.

CPD Audit: UPCA are required by UKCP to carry out an audit of CPD and currently this is set at 20% of clinical members per year. Selection for audit is carried on a random basis. If you are selected, you will be required to submit your CPD documentation for audit once in every five-year period. As agreed with UKCP, this renewal process and audit replaces your quinquennial re-accreditation assessment.

**Terms and conditions of membership**

* As part of the annual membership application process a declaration needs to be completed and signed (an electronic signature acceptable)
* Number and frequency of Supervision Hours – pre-accreditation a ratio of 1:6 hours (Post accreditation the minimum supervision requirement is 1.5 hour per month)
* Personal Therapy (continued personal therapy is recommended in the first years of clinical practice)
* If randomly selected, you will be required to submit your CPD documentation for audit. You will be selected for audit once in every five years
* 50 Hours CPD Activity (50 hours is a minimum guideline not including practice hours e.g. client contact hours). Items that could be included as part of the CPD activity are:

-Core training meetings, workshops/seminars; workshops/seminars providing development across other models

-Experiences outside the consulting room that contribute to new ways of thinking about/engaging in clinical work

-Complementary professional activities, research, writing, reading and spiritual practice.

-Clinical Supervision

| **Terms and Conditions of Clinical Membership.****I agree to:** |
| --- |
| 1. Maintain sufficient clinical practice hours *(recommended guideline, normally 4 client hours per week)*
2. Maintain regular clinical supervision (From 01.10.2022 the minimum supervision requirement post accreditation is 1.5 hours per month. Prior to accreditation the 1:6 ratio remains)
3. Work in accordance with the UKCP Code of Ethics and Professional Practice
4. Advise UPCA of any breaks in practice longer than 3 months
5. Advise UPCA of any complaints made against you
6. Maintain adequate professional indemnity insurance (at least £1 million)
7. If randomly selected, you will be required to submit your CPD documentation for audit. You will be selected for audit once in every five years
8. Maintain a minimum of 50 hours annual CPD to ensure safe practice

h) I will notify UPCA if my contact details change |

**Declaration:**

I declare that my application form contains only true information. I understand that UPCA may make enquiries as they consider necessary to verify any information given. I understand that if any incorrect, incomplete or plagiarised information is discovered, my application/renewal may be invalid and UPCA has the right to withdraw my application. I understand that my UKCP Registration is dependent upon my remaining membership of UPCA.

| **Member signature/e-signature:** |  |
| --- | --- |
| **Date:** |  |

**Part E:** (this section must be completed by a training university official)

| **Endorsement** *(e.g. University Official; Course director; Tutor, etc.)* Please sign and approve this application and confirm the following details:Title: **Psychotherapeutic Counsellor / Psychotherapist** (delete as appropriate)Label/Modality: Name *(of official):*Position:Email / Tel:Signature:Date:Please confirm that the applicant fully meets the criteria for this membership category and has successfully completed all elements of their training programme: **Yes / No**  |
| --- |

*PLEASE NOTE-IF YOU ARE ALSO MAKING AN APPLICATION TO JOIN UKCP:*

*Accredited Clinical Members of UPCA who wish to become UKCP registered, must make a separate online application to UKCP at;* [***https://www.psychotherapy.org.uk/join-us/***](https://www.psychotherapy.org.uk/join-us/)

*This cannot be done on your behalf by UPCA or your training university. Once UKCP receives your completed application form and payment information, they will verify your current membership of UPCA. This will usually take around 7-10 working days.*

*UKCP membership and fees are additional to, and separate from UPCA membership fees, UKCP will also send you a reminder every August for membership year 1st October to 30th September.*

*UKCP MEMBERSHIP IS DEPENDANT UPON YOU CONTINUALLY MAINTAINING YOUR UPCA MEMBERSHIP.*

**UPCA fees become payable on 1st September each year, not on the anniversary of the previous payment. You will receive a renewal reminder by email from UPCA every year in July for the forthcoming year. Please remember to add** **contactupca@gmail.com** **to your contacts, to ensure that you receive the reminder.**

## Data Protection

The information you provide in this form is required to process your membership. You will have the right to access the information you have provided as well as the other rights afforded to you under data protection laws. You may request for the information to be destroyed. This will result in your withdrawal from the process. If you do not provide all the information required on this form your renewal may not be processed.

Information submitted may be stored and processed electronically for the purposes of delivering services, marketing and supplying information. Data may be passed to other parts of the organisation and partner organisations operating on our behalf to enable this to take place. We will ensure your data is always stored and handled securely.

To find out more about the way we look after personal data please see the UPCA privacy notice on our website at: [www.upca.org.uk](http://www.upca.org.uk)