

**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**](about:blank)

***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)

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

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| **Email:** | **Telephone:**  **Mobile:** |
| **Address:** | **Postcode:** |

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| **Training Institute/Award:** |
| **Programme/Course Title:** |
| **Title applied for:** Psychotherapeutic Counsellor / Psychotherapist (*delete as appropriate)*  **Modality:** Integrative / Existential / Psychodynamic (*delete as appropriate)* |
| Clinical Members are entitled to a complimentary listing on the UPCA website:  I hereby consent to **Find-a-Therapist website listing** at [www.upca.org.uk](about:blank): **Yes / No**  *(Your address does not appear in - Find a therapist)* |
| **Clinical Practice Declaration** *Have any complaints been made against you regarding your clinical work:* **Yes / No** |
| **Fitness to Practice declaration** *Do you comply with the UPCA FTP**procedures:* **Yes / No** |
| **Indemnity insurance:**  **Name of insurer:**  **Date insured To: From:** |
| **SUPPORTING DOCUMENTS** *please provide a copy of the following with this application*  **Insurance Certificate Yes / No**  **Qualification Certificate Yes / No** |
| **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)

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| **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* |
| **Client Hours per week** (average): |
| **Clinical Practice Address** *(private/placement)*: |
| **Supervision Hours per month:**    **Ratio supervision to Client Hours:** |
| **Personal Therapy** (total hours): |

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| **Clinical Supervisor(s) Details**    **Name:**  **Address:**  **Telephone:**  **Email:**  **Registration:** *(e.g. UKCP/BACP/BPS etc.)*  **Start Date:** |

**Part C:** (to be completed by all applicants)

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| **Payment Details - Clinical Membership Fee £75**  **BACs -** Bank transfer to UPCA **| Account Number:** 40241253 **| Sort Code:** 20-35-27  **Non-UK Transfers:** IBAN No: GB93 BARC 2035 2740 2412 53 SWIFTBIC: BARCGB22.  *\*The annual fee is £75 (reduced by the fee you have already paid for Student/Trainee membership within the 22-23 membership year)*  ***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*](about:blank) *for clarification.* | |
| Date payment made: | Important: Please include your membership number & surname in your payment reference to enable us to trace your paymentYour payment reference: |

**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)

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| CONTINUING PROFESSIONAL DEVELOPMENT (CPD) DECLARATION Details of additional professional growth and development activities | | |
| Courses; Workshops; Seminars; Conferences etc. | Date | CPD Hours |
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| Publications: (books; journals etc; read) | Date | CPD Hours |
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| Other professional growth activities (e.g. meditation; mindfulness) | Date | CPD Hours |
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| In Service Training (e.g. workplace, educational or community) | Date | CPD Hours |
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| 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

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 (Ratio of 1:6 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). 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

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| **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 appropriate to level of experience 3. Work in accordance with the UPCA Code of standards, performance and ethics *(available at www.upca.org.uk)* 4. Advise UPCA of any breaks in practice 5. Advise UPCA of any complaints made against you 6. Maintain adequate professional indemnity insurance (at least £1 million) 7. Maintain a minimum of 50 hours annual CPD to ensure safe practice |

**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 have the right to withdrawn my application. I understand that my UKCP Registration is dependent upon my remaining a member of UPCA.

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

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

*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 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 LET US KNOW IF YOUR CONTACT DETAILS CHANGE***

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

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| **Endorsement** *(e.g. University Official; Course director; Tutor, etc.)* Please approve this application and confirm the following details:  Title: **Psychotherapeutic Counsellor / Psychotherapist** (delete as appropriate)  Label/Modality:  Name *(of official):*  Position:  Email / Tel:  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** |

## 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](about:blank)