

**New Application for Non-Clinical Associate Membership**

This membership category is open to any member of a university with an interest in psychotherapy or counselling, or to any psychotherapist or counsellor with a commitment to the academic development of the subject. This category is also open to retired UPCA members who are no longer in clinical practice.

**Please complete and save in either a *Word* or *PDF* format. Return by *email* to** [**contactupca@gmail.com**](about:blank)

**Part A:** (To be completed by all applicants)

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

|  |  |
| --- | --- |
| **Email:** | **Telephone:** |
| **Address:** | **Postcode:** |

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| **Employer** *(Or if retired or self-employed nature of business):* |
| **Job title:** |
| **Reason for interest in UPCA membership:** |
| **Have you previously held UPCA membership: Yes/No** |

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| **Terms and conditions of UPCA Non-Clinical Associate Membership**  In order to become a non-clinical associate member of UPCA, members must agree to the following conditions:   1. You have an interest in psychotherapy or psychotherapeutic counselling and wish to support UPCA 2. You confirm that you are not currently engaged in clinical practice within psychotherapy or psychotherapeutic counselling 3. You will pay the annual subscription fee.   **In addition, UPCA non-clinical associate members agree that they;**   * Cannot claim to be a clinical member of UPCA or imply any kind of accreditation by UPCA. * Must inform UPCA of any information that is relevant to the individual’s terms of non-clinical membership. * Are not entitled to vote at any UPCA elections. * UPCA will not have regulatory responsibilities for its individual non-clinical associate members. | |
| **Declaration: I agree to abide by the terms and conditions of UPCA Non-Clinical Associate Membership**  **Signed:**  **Date:** | |
| **Declaration:** *if you have previously engaged in clinical practice*  Have any complaints been made against you in regard to your clinical work: **Yes**/**No**  **If yes, please provide details:** | |
| Annual Membership Fee - £21 (membership period 1st September to 31st August) **Please instruct your bank to pay by:**  **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. | |
| Date payment made: | It is important that you provide a payment reference so that we can locate the payment (Please use Surname & Initials*)* Your payment reference: |
| **For UPCA-use only** | |
| **Approved by UPCA Council**  **Name:**  **Position: Date:** | |

## 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 at [www.upca.org.uk](about:blank)