

**Accredited Clinical Membership Renewal**

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 using file.**

**Return by *email* to** [**contactupca@gmail.com**](about:blank)

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

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| **Membership Number:**  (This can be found on your membership certificate) |
| **Title (Ms, Mr, Miss, Mrs, Other):** |
| **First Name(s):** |
| **Surname:** |

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

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| **Title:** (Psychotherapist/Psychotherapeutic Counsellor): |
| **Modality:** (Existential/Integrative/Group Analytic/Psychodynamic/Other please specify): |

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

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| **Annual Declaration:** Upon renewing my accredited clinical membership with UPCA I declare that from 1st September 2021 to 31st August 2022 | *Please answer* *Yes or No* |
| I have maintained sufficient **clinical practice** hours *(guideline - 4 client hours per week)* |  |
| I have maintained appropriate **clinical supervision** to ensure my safe practice |  |
| I have worked in accordance with the UPCA **Standards of Conduct, Performance & Ethics** |  |
| I have engaged in a minimum of 50 hours CPD to ensure my safe practice |  |
| **Insurance:** I have maintained adequate professional liability insurance  **Insurance Provider** *Name of Insurer:*  **Period of Insurance** *Dates of cover from / to:*  **Please attach a copy of your Indemnity Insurance Certificate with your renewal application** |  |
| 1. **Breaks in Practice:** have you taken any breaks in clinical practice from 1st Sep 21 - 31st Aug 22 2. If **YES** please provide dates**:** |  |
| 1. **Complaints:** have any complaints been made against you from 1st Sep 21 - 31st Aug 22   If **YES** please provide further information below. |  |
| **Further information:** |  |

**Part C.** (To be completed by all applicants)

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| Annual Membership Fee: £75 due by 31st August 2022 Membership runs from 1st September to 31st August each year. Annual Membership Fees are payable by 31st August, not on the anniversary of the last payment. 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.*   ***Important: Please include your surname, initial and membership number as your bank transfer reference, in order that we can trace your payment*** | | | |
| Date payment made: | | Your payment reference: | |
| **Client Hours**  *average per week* | Adult: | Child: | Supervisee: |
| **Supervision Hours** *average per month* | |  | |
| **Clinical Supervisor Name** | |  | |
| **Clinical Supervisor Email** | |  | |
| **Clinical Supervisor Telephone** | |  | |
| **Clinical Supervisor Registration Details**  e.g. UKCP/BPC | |  | |

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| **Part D: CPD** (To be completed by all applicants) See CPD Guidelines on page 7 below | | | |
| **CONTINUING PROFESSIONAL DEVELOPMENT (CPD) DECLARATION** Include CPD Activities from:1st Sept 2021 to 31st Aug 2022  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  Members registered as a Child Psychotherapist or Clinical Supervisor must also include activities relevant to this descriptor. | | | |
| Course Title / Institution (e.g. courses, workshops or seminars etc.) | | Dates | CPD Hours |
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| Professional Organisation (e.g. workplace meetings, conferences etc.) | | Dates | CPD Hours |
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| Publications (e.g. books and journals read, papers published etc.) | | Dates | CPD Hours |
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| Other Professional Growth Activities (e.g. meditation, mindfulness.) | | Dates | CPD Hours |
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| In Service Training (e.g. workplace, educational or community) | | Dates | CPD Hours |
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| **Clinical Supervision Hours (Total)** | | Sept 21- Aug 22 |  |
| **CPD Hours (Total)** | 1ST September 2021 – 31st August 2022 | |  |
| **Reflective practice:** (To be completed by all applicants)  With UKCP agreement UPCA has replaced the requirement for 5-yearly reaccreditation, with an annual CPD audit of 20% of its members and a requirement for all members to write a 500-word reflection on their past year.  This piece should involve reflecting on your own process in response to your CPD, Self-Care and Supervision and should describe in light of this reflection, how you feel you and your practice have developed.  This reflection should be discussed with your supervisor or another clinical peer. | | |  |
| **General comments** regarding progress toward professional goals and other issues not included above: | | | |

**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 REMEMBER TO NOTIFY US OF ANY CHANGE OF ADDRESS OR EMAIL**

**CONTINUING PROFESSIONAL DEVELOPMENT (CPD) GUIDELINES**

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 related to practice

## **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)