

**Non-Clinical Associate Membership Renewal**

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 and
return by *email* to** **contactupca@gmail.com**

**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:** |
| **Employer** *(Or if retired or self-employed nature of business):*  |
| **Job title:**  |

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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.
* Understand thatthey are not covered by UPCA insurance. Associate members are required to have their own professional indemnity insurance or be covered by their employer’s insurance as appropriate to their role.
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| **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: | Your payment reference: It is important that you provide a payment reference so that we can locate the payment(Please use Surname & Initials*)* |