

**Student Membership Renewal**

This category of membership is open to all current non-practising students of a university-linked, UPCA accredited programme in psychotherapy or psychotherapeutic counselling. It is a requirement of UPCA programme approval, that students studying on UPCA accredited programmes, maintain UPCA student membership for the duration of their training and thereby agree to abide by the UPCA Code of conduct, performance and ethics. Student members of UPCA may additionally join UKCP as Student members. Members in this category should use the designation;

 Student-MUPCA.

 **Please complete and save in either a *Word* or *PDF* format and**

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

**Part A:**

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

**Part B:**

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| **Training Institute/University:**  |
| **Course Title:**  |
| **Course Enrolment Date**:  |
| **Research Interest:**  |
| **Have you started clinical practice: Yes/No If Yes, please complete a Trainee member application form, available from:***www.upca.org.uk* *or* *contactupca@gmail.com* |
| **Payment: Annual Student Membership Fees are £21 per year**Membership fees become payable on 1st September each year, not from the anniversary of the previous payment. You will receive a renewal reminder by email from UPCA every July for the forthcoming 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.**Please contact the administrator at:* *contactupca@gmail.com* *for clarification.***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 your Surname and Initials) |
| **In applying for membership, I hereby agree to:**1. abide by the UPCA Standards of conduct, performance and ethics (available at: www.upca.org.uk
2. advise UPCA of any breaks in training
3. maintain membership of UPCA for the duration of my training
4. notify UPCA when I begin clinical practice and apply for Trainee membership.

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

Membership Certificates are generally issued within 28 days and should be kept safely in your Continued Professional Development (CPD) portfolio |

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

## 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