

**Trainee Members Renewal**

This membership category is open to current student members of UPCA who have been approved to begin clinical practice by their accredited UPCA counselling/psychotherapy training programme. Trainee members have not yet graduated or met the full requirements of their training programme and are working towards fulfilling the criteria for registration.

This category is available to members for the duration of their training programme to enable completion of the supervised practice element of training, and in preparation to fulfil the necessary criteria for registration as a psychotherapeutic counsellor or a psychotherapist. Members in this category are entitled to apply to UKCP for entry onto the UKCP trainee directory. Members in this category are entitled to use the designation;

Trainee-MUPCA

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

**PART A: Applicant** (to be completed by all applicants)

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| **Title (Ms, Mr, Miss, Mrs, Other):** |
| **First name(s):** |
| **Surname:** |
| **Membership number:**  (as shown on your certificate): |

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| **Email:** | **Telephone:** |
| **Address:** | **Postcode:** |
| **Name of training institute:** | |
| **Programme/Course Title:** | |
| **Title applied for:** Trainee Psychotherapeutic Counsellor / Trainee Psychotherapist  **Are you training to work with adults, children or both** (*Delete as appropriate)* | |

**PART B: Clinical Practice Declarations** (to be completed by all applicants)

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| **I have been approved by my training institution to undertake clinical practice**  (Delete as appropriate)  **Yes / No** |
| **Have any complaints been made against you regarding your clinical work:**  (If yes, please provide details) **Yes /No** |
| **Do you agree to comply with the UPCA Standards of Conduct, Performance**  **& Ethics:**  **Yes / No** |
| **Are you seeing clients in a supervised training practice/placement Yes / No** |
| **Do you have current indemnity insurance: Yes / No**  Members are not covered by UPCA insurance. It is a membership requirement for all members in practice to have their own full clinical professional indemnity insurance (Note: Placement agency insurance or non-practising student insurance is not acceptable). |
| **Name of insurer:**  **Date insured To: From:**  **Please attach a copy of your Indemnity Insurance Certificate with your application** |
| **Additional comments in support of your membership application** (include details of any breaks in training and/or practice): |

**PART C: Clinical Practice Details** (to be completed by all applicants)

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| **Client hours per week** (average): |
| **Clinical practice address** *(private/placement)*: |
| **Supervision** **hours per month**  (this must meet the minimum required ratio of 1:6): |
| **Personal therapy** (total hours to date and frequency): |

**Clinical Supervisor Details** (Trainee members are required to have supervision from a UKCP Registered Supervisor)

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| **Supervisor name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **UKCP Registration Membership Number:** |  |

**Part D: Payment of Fess**

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| 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 & Membership Number, you can find this on your previous certificate of membership*)* |
| **PAYMENT OF FEES**  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.  The annual fee for Trainee membership is £45 (reduced by £21) if you have already paid for student membership within this membership period 22-23\*.  **Please instruct you 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**  ***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.* | |

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| **Terms and Conditions of Trainee Membership of UPCA:** |
| **I confirm that I:**   1. Am approved by my training institution to undertake clinical practice 2. Will maintain an appropriate level of clinical practice hours   b) Will maintain regular clinical supervision (minimum ratio of 1:6 hours supervision to client hours)  c) Will work in accordance with the UPCA Standards of conduct, performance and ethics *(available at www.upca.org.uk)*  d) Will advise UPCA of any breaks in practice/training  e) Will advise UPCA of any complaints made against me  f) Will maintain adequate professional indemnity insurance (at least £1 million) |

**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 trainee membership of UPCA (and any associated UKCP trainee membership) is dependent upon my remaining a member of UPCA.

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

*PLEASE NOTE: Trainee Members of UPCA who wish to become UKCP Trainee members must 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.*

**UPCA membership year runs from 1st September to 31st August each year. You will receive a renewal reminder by email from UPCA every year in July.**

***PLEASE REMEMBER TO LET US KNOW IF YOUR CONTACT DETAILS CHANGE***

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