

**Non-Clinical Associate Membership Renewal**

This membership category is open to any non-practising 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**

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

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

| **Email:** | **Telephone:** |
| --- | --- |
| **Full address including postcode:** |

| **Employer** *(Or if retired or self-employed nature of business):*  |
| --- |
| **Job title:**  |
| **Reason for interest in UPCA membership:** |
| **Have there ever been any complaints made against you in regard to your clinical work:** If yes, please provide details: |

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

| **MEMBERSHIP FEES:** Please pay the fee when you submit your application. **The fee for Associate Membership is £21 per membership period which runs from 1st September to 31st August each year.****Payment should be made by:** **UK payments by BACs - Bank transfer to UPCA |** Account Number: 40241253 | Sort Code: 20-35-27**Non-UK Transfers should be made to UPCA in £ GBP to:** 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.For clarification get in touch with contactupca@gmail.com |
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| **Amount Paid:****Date payment made:****Your payment reference\*:** | **\*Important: Please include your membership number and surname in your payment reference to enable us to trace your payment.** |

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

| **Terms and conditions of UPCA Non-Clinical Associate Membership****Declaration:** 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
4. You will notify UPCA if your contact details change.

**In addition, UPCA non-clinical associate members confirm they understand that;** * They cannot claim to be a clinical member of UPCA or imply any kind of accreditation by UPCA
* They must inform UPCA of any information that is relevant to the individual’s terms of non-clinical membership
* They are not entitled to vote at any UPCA elections
* That UPCA will not have regulatory responsibilities for its individual non-clinical associate members.

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

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| **For UPCA-use only**  |
| **Application approved by UPCA Council****Council member 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](http://www.upca.org.uk)