



*THE BRITISH ASSOCIATION FOR
PSYCHOANALYTIC AND PSYCHODYNAMIC
SUPERVISION*

MEMBERSHIP APPLICATION FORM

NAME

ADDRESS

.....

TELEPHONE/FAX E MAIL

**PLEASE SEND WITH YOUR APPLICATION 3 COPIES OF ALL
DOCUMENTATION INCLUDING YOUR PROFESSIONAL REGISTRATION
CERTIFICATE.**

On a separate sheet please state:-

- a) Your main therapeutic training, the length of the course and the date of qualification.
- b) Please include a photocopy of any diploma or certificate given.
- c) How long you have been in practice as a therapist
- d) The Membership Organisation with whom you are registered.
- e) Details of supervision of practice; frequency, group or individual and orientation of supervisor/s.
- f) Your personal therapy, including start and finish dates, frequency of sessions and orientation of therapist.
- g) Full details of your training in supervision (*either a training course or by apprenticeship*), dates of any courses completed. Please include photocopies of any certificates or diplomas.
- h) How long you have been practising as a supervisor.
- i) Full details of supervision of your supervision practice; frequency and length of sessions,
- j) Group or individual and orientation of supervisor/s.
- k) Name of Professional Indemnity insurance company and policy number.
- l) Any other information you may wish us to know which is relevant to your application to BAPPS.

I (name) certify that I am a member of :-

- a) the CPJA Section of U.K.C.P.
- b) a member of B.P.C
- c) a psychodynamic counsellor or psychotherapist accredited by B.A.C.P
- d) a psychodynamic counsellor accredited by U.K.R.C.

please enclose photocopies of certificates of any of the above.

EACH STATEMENT BELOW TO BE INDIVIDUALLY SIGNED PLEASE

- a) I agree to abide by the BAPPS Code of Ethics
- b) I agree to keep the CPD Policy of my accrediting or listing organisation
- c) I confirm that there has been no complaint made against me
- d) I agree that BAPPS can write to my Registering Organisation to confirm that I am in good standing and that there are no formal complaints pending or proven against me.
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- e) I undertake to inform BAPPS if my membership of my accrediting organisation is under sanction, ended or withdrawn
- f) I confirm that I currently have professional indemnity insurance

(Please enclose name of insurance company and policy number)

Please note that membership of BAPPS does not mean that an individual member is registered with U.K.C.P.

SIGNED

DATE

Please send 3 copies of this application and accompanying documents to the Administrator at

BAPPS P.O. BOX 419 REDHILL RH9 8DL