



*THE BRITISH ASSOCIATION FOR  
PSYCHOANALYTIC AND PSYCHODYNAMIC  
SUPERVISION*

**MEMBERSHIP APPLICATION FORM**

NAME .....

ADDRESS .....

.....

TELEPHONE/FAX ..... E MAIL .....

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.

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I ..... (name) certify that I am:

- a) a registrant of U.K.C.P.
- b) a registrant of B.P.C
- c) a psychodynamic counsellor or psychotherapist accredited by B.A.C.P

*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 a complaint HAS/HAS NOT (please circle one) been made against me .....
- (please provide information separately)*
- 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 .....
- e) I agree to inform BAPPS if any complaint is taken out against me in the future.....
- f) I undertake to inform BAPPS if my membership of my accrediting organisation is under sanction, ended or withdrawn .....
- g) I confirm that I have a professional will and my Clinical Executor is .....  
who is Registrant of UKCP / BPC / BACP
- h) I confirm that I currently have professional indemnity insurance .....
- .....
- (Please state 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 4 copies of all documentation to the Administrator at**

**BAPPS, 35 Manor Road, Potters Bar, Herts EN6 1DQ**

Revised January 2010