



*THE BRITISH ASSOCIATION FOR
PSYCHOANALYTIC AND PSYCHODYNAMIC
SUPERVISION*

2 Victoria Road,
Winchester, Hants, SO23 7DU
admin@supervision.org.uk

BAPPS WEBSITE: www.supervision.org.uk

APPLICATION FOR MEMBERSHIP - Information

BAPPS is an association of psychodynamic/psychoanalytic supervisors and membership is open to those who comply with BAPPS' Supervision Criteria, details of which are available on BAPPS website. Please indicate, on the attached form, under which criteria you are applying for membership.

On a separate sheet please give details of:

- 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) Full details of supervision of your practice; frequency, group or individual and orientation of supervisor/s, including the names and details of all current supervisors of practice or supervisory practice
- 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) Full details of your practice as a supervisor, how long you have been practising as a supervisor, group or individual, and frequency.
- i) Full details of supervision of your supervision practice; frequency and length of sessions, group or individual and orientation of supervisor/s.
- j) Any other information you may wish us to know which is relevant to your application to BAPPS.

Please note that membership of BAPPS does not mean that an individual member is registered with UKCP.

Please complete and sign the application form on the next page and send it, with your application fee of £20 (cheque payable to BAPPS) and copies of certificates to: BAPPS, 2 Victoria Road, Winchester, Hants SO23 7DU

APPLICATION FORM FOR MEMBERSHIP OF BAPPS

NAME E MAIL.....

ADDRESS

.....TELEPHONE

I (name) certify that I am: (please circle relevant)

registrant of **UKCP**/registrant of **BPC**/psychodynamic counsellor or psychotherapist accredited by **BACP**/registrant of **HPC**/member of **BPS** and **BAAT** or other

Photocopies of registration certificates to be attached

I am applying for Membership of BAPPS under the following Criteria as set out in the Membership Criteria document approved at the BAPPS AGM on 17 November 2012:

2 and 3A **or** **3B** **or** **3C** **or** **4**

Please ensure each of the following statements a) to h) is individually signed

a) I agree to abide by the BAPPS Code of Ethics

b) I agree to keep the CPD Policy of my accrediting, listing or registering organisation

c) I confirm there have been no professional complaints upheld against me

or

There has been complaint upheld against me and details of this are attached

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 willand the name of my Clinical Executor is
..... who is a registrant of UKCP / BPC / BACP (circle as appropriate) / other please state

h) I confirm that I currently have professional indemnity insurance

Name of insurance company is and policy number.....

I attach cheque for £20 to cover administration fees.

It would be helpful if you would state here how you heard about BAPPS advert in BJP/colleague/.....

SIGNED DATE