

## Upgrade template for qualified BACP Individual Membership

Place of study headed paper



### DATE

Membership Services  
BACP  
BACP House  
15 St Johns Business Park  
Lutterworth  
Leicestershire  
LE17 4HB

\*Amend as necessary for  
each student and to reflect  
their course details

As course tutor/administrator I can confirm that the student named below has successfully completed all elements of their course (including placement hours) and achieved/been awarded their qualification.

- **Student's Name:** \*
- **Course Title:** \*
  - o **Start date:** \*
  - o **End date:** \*
- **Completed number of integral placement hours:** \* e.g. 100+
- **Awarding Body (if applicable):** \*
- **Date of award/Assessment Board:** \*

If the course is BACP accredited or BACP approved, please notify us of this here

Kind Regards

A handwritten signature in black ink that reads "John Jones".

(Course Tutor/Administrator name)  
(Email contact details)  
**Course Tutor/Administrator**

The letter must have an original  
signature (Letters signed 'per pro' will  
not be accepted)