



Seeking a Therapist Directory

Application form

**bacp**

British Association for  
Counselling & Psychotherapy



**Individual  
BACP member form**

# Seeking a Therapist Directory

## Application for entry as an *individual practitioner*

### Introduction

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The Seeking a Therapist directory is BACP's online directory of therapists, used by the public to search for a therapist in their local area, and based on other criteria most important to them. The directory is located on BACP's It's Good to Talk website [www.itsgoodtotalk.org.uk](http://www.itsgoodtotalk.org.uk), designed specifically for the public, making it more accessible for those wishing to find a counsellor.

This online tool is a popular choice among therapists who are looking to promote their services. To have your own entry on the directory, please complete this application form and send it to BACP along with the annual subscription fee of £68. Once we receive your application and payment, your entry will be made live as soon as possible, provided we have all sufficient information from you. Please note, applications can take up to 14 days to be processed. We will send you a confirmation email to let you know when your entry is live.

Your entry will be due for renewal on an annual basis and we will notify you of this in advance.

### Criteria for Entry

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The following membership grades are eligible for entry:

- ✓ Senior Accredited BACP Member
- ✓ Accredited BACP Member
- ✓ MBACP Member

If you have BACP membership in any category other than those listed above you will not be eligible for entry on the Seeking a Therapist directory at this time. Applicants must have MBACP membership to have an entry on the directory.

If you are eligible to change your membership to MBACP please contact the Membership department on 01455 883300 for guidance on how to do this.

# Seeking a Therapist Directory

## Application for entry as an *individual practitioner*



The details provided on this page will be used to create your new Seeking a Therapist Directory entry.

Please write clearly in BLOCK CAPITALS.

Membership number:

Surname: ..... First name\*: .....

*\*Please use the name by which you want to be known*

### Eligible grades

The membership grades opposite are eligible for entry: (please tick as appropriate)

Senior Accredited BACP Member

Accredited BACP Member

MBACP Member

### Telephone number(s)

*Up to 2 numbers may be included.*

1 .....

2 .....

Email address: .....

If you do not wish your email address to be used in canvassing please tick this box:

Website address: .....

*Please note that BACP cannot take responsibility for any websites not adequately protected by a spam filter, that are advertised on the directory.*

### Address for publication:

Town: ..... Postcode: .....

County: ..... Country: .....

Please note that your postcode **will not be shown on your entry.**

**Accessibility:** Please tick here if you offer disabled access to your practice:  Yes

### Second practice address for publication:

If you have a **second practice** address and would like a second entry please give details below.

Please note an additional entry fee of **£68** will be charged.

If you work outside the UK and provide a telephone or online service, you can have an **International** entry.

Town: ..... Postcode: .....

County: ..... Country: .....

**Accessibility:** Please tick here if you offer disabled access to your practice:  Yes

# Seeking a Therapist Directory

## Details for publication

Please complete the details below.

Any information provided here will be visible on your entry:

### Registration/accreditation

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Please tick which of the following applies to you and provide **evidence of registration**:

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| <input type="checkbox"/> BPC                | <input type="checkbox"/> HPC    | <input type="checkbox"/> UKCP  |
| <input type="checkbox"/> BPS C Cllg Psychol | <input type="checkbox"/> IACP   | <input type="checkbox"/> COSCA |
| <input type="checkbox"/> FDAP               | <input type="checkbox"/> UKAHPP |                                |

### Relevant qualifications obtained in counselling/psychotherapy

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Include up to 6 qualifications relevant to counselling – plus the year you obtained them. Please provide evidence of all the qualifications stated below, photocopies are acceptable.

*Space constraints mean we are unable to include the name of the Institute or the Town/City in which you studied.*

Qualification	Year

*BACP reserve the right to check, condense, re-arrange, abbreviate or omit information provided at its discretion.*

### How do you work?

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Tick which of the following reflects the way you work

- |  |   |
|--|---|
| <input type="checkbox"/> Home visits                 | <input type="checkbox"/> Short-term face-to-face work |
| <input type="checkbox"/> Long-term face-to-face work | <input type="checkbox"/> Telephone counselling        |
| <input type="checkbox"/> Online counselling          | <input type="checkbox"/> Time limited                 |

# Seeking a Therapist Directory

## Further details for publication

### Experience/special interest

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- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abuse                       | <input type="checkbox"/> Disability            | <input type="checkbox"/> Pregnancy related issues |
| <input type="checkbox"/> ADD/ADHD                    | <input type="checkbox"/> Eating disorders      | <input type="checkbox"/> Redundancy               |
| <input type="checkbox"/> Addiction(s)                | <input type="checkbox"/> General counselling   | <input type="checkbox"/> Relationships            |
| <input type="checkbox"/> Adoption counselling*       | <input type="checkbox"/> Health related issues | <input type="checkbox"/> Self esteem              |
| <input type="checkbox"/> Adoption issues (adults)    | <input type="checkbox"/> Identity problems     | <input type="checkbox"/> Self harm                |
| <input type="checkbox"/> AIDS/HIV                    | <input type="checkbox"/> Infertility           | <input type="checkbox"/> Service veterans         |
| <input type="checkbox"/> Anger management            | <input type="checkbox"/> Life coaching         | <input type="checkbox"/> Sex related issues       |
| <input type="checkbox"/> Anxiety                     | <input type="checkbox"/> Loss                  | <input type="checkbox"/> Sexual identity          |
| <input type="checkbox"/> Asperger Syndrome           | <input type="checkbox"/> Mens issues           | <input type="checkbox"/> Sexuality                |
| <input type="checkbox"/> Bereavement                 | <input type="checkbox"/> Mental health issues  | <input type="checkbox"/> Spirituality             |
| <input type="checkbox"/> Cancer                      | <input type="checkbox"/> Obsessions            | <input type="checkbox"/> Stress                   |
| <input type="checkbox"/> Child related issues        | <input type="checkbox"/> OCD                   | <input type="checkbox"/> Trauma                   |
| <input type="checkbox"/> Chronic fatigue syndrome/ME | <input type="checkbox"/> Personal development  | <input type="checkbox"/> Womens issues            |
| <input type="checkbox"/> Cultural issues             | <input type="checkbox"/> Phobias               | <input type="checkbox"/> Work related issues      |
| <input type="checkbox"/> Depression                  | <input type="checkbox"/> Post-traumatic stress |   |

\*Please note that if you wish to advertise as an Adoption Counsellor then we will need a copy of your proof of Registration with the Commission for Social Care Inspection/Ofsted. Your entry will not show 'adoption' until we receive this.

### Professional identity

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- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Art therapist (HPC Reg)*            | <input type="checkbox"/> Hypnotherapist | <input type="checkbox"/> Psychosexual Counsellor        |
| <input type="checkbox"/> Complementary therapist             | <input type="checkbox"/> Life Coach     | <input type="checkbox"/> Psychoanalytic Psychotherapist |
| <input type="checkbox"/> Counselling Psychologist (HPC Reg)* | <input type="checkbox"/> Psychoanalyst  | <input type="checkbox"/> Psychotherapist                |
| <input type="checkbox"/> Counsellor                          |   |   |

\*Please provide evidence of HPC registration.

### Theoretical basis

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- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adlerian                     | <input type="checkbox"/> EMDR             | <input type="checkbox"/> Play Therapy                   |
| <input type="checkbox"/> Art Therapy*                 | <input type="checkbox"/> Existential      | <input type="checkbox"/> Primal Therapy                 |
| <input type="checkbox"/> Behavioural                  | <input type="checkbox"/> Family Therapy   | <input type="checkbox"/> Psychoanalytic                 |
| <input type="checkbox"/> Brief Therapy                | <input type="checkbox"/> Gestalt          | <input type="checkbox"/> Psychodynamic                  |
| <input type="checkbox"/> CBT (Cognitive Behavioural)  | <input type="checkbox"/> Humanistic       | <input type="checkbox"/> Psychosynthesis                |
| <input type="checkbox"/> Cognitive                    | <input type="checkbox"/> Integrative      | <input type="checkbox"/> Relational                     |
| <input type="checkbox"/> Cognitive Analytical Therapy | <input type="checkbox"/> Jungian          | <input type="checkbox"/> Solution Focused Brief Therapy |
| <input type="checkbox"/> Creative Therapy             | <input type="checkbox"/> NLP              | <input type="checkbox"/> Systemic                       |
| <input type="checkbox"/> Eclectic                     | <input type="checkbox"/> Person Centred   | <input type="checkbox"/> TA                             |
| <input type="checkbox"/> EFT                          | <input type="checkbox"/> Phenomenological | <input type="checkbox"/> Transpersonal                  |

\*Please note that in order to advertise Art Therapy you need to be HPC registered.

### Clientele

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- |                                   |                                  |                                   |                                      |  |
|-----------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Adults   | <input type="checkbox"/> Couples | <input type="checkbox"/> Elderly  | <input type="checkbox"/> Groups      | <input type="checkbox"/> Organisations |
| <input type="checkbox"/> Children | <input type="checkbox"/> EAP     | <input type="checkbox"/> Families | <input type="checkbox"/> Individuals | <input type="checkbox"/> Young people  |

# Seeking a Therapist Directory

## Further details for publication

### If you work in languages other than English please detail below

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### Fees per therapy session

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Range from: £..... to £.....

Do you offer concessions on your fees?  Yes  No

### Profile picture

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To add a photograph to your Seeking a Therapist directory profile please email this to [directories@bacp.co.uk](mailto:directories@bacp.co.uk) using the guidance below:

- It must be a portrait photograph of head and upper body, with a plain background.
- The photograph should be as large as possible, with a minimum width of no less than 360 pixels, in JPEG format.
- Include your name and membership number in the email.
- Include a brief statement confirming that you give BACP permission to use the photograph on your directory entry.

Once received, we will aim to have your image uploaded and online as soon as possible.

### Additional information

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Please use this space if you would like to include any additional information on your profile, relevant to your work, which has not already been stated. **Please keep the character count to a maximum of 2000. Please continue on a separate sheet if necessary.**

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.....  
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.....  
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# Seeking a Therapist Directory

## Payment details

### Personal details

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Surname ..... First name .....

BACP Individual membership no

### Number of entries

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The fee for an entry on the Seeking a Therapist Directory for 12 months is **£68**.  
If you wish to have additional therapist entries you will be required to pay **£68** for each additional entry.

I enclose a total fee of £  for  entry/entries

*I agree that the information I have provided is correct, and that BACP reserves the right to remove my entry at their sole discretion at any time if it comes to light that the information provided is false or subsequently changes during the subscription year. I accept that my payment fee cannot be refunded during the subscription term.*

Signature ..... Date .....

### Method of payment

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**BACP members can make payment via cheque or credit card payment below or over the phone using credit/debit card details after an application has been sent in. For telephone payments please call 01455 883300 and ask for the Customer Services Team.**

#### Credit/debit card payment

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Card number

3 digit number on the signature strip\*  Switch (only) issue no.  Expiry date

Name of cardholder as on card .....

House number and postcode of billing address .....

Cardholder's signature .....

\* If you wish to pay by credit/debit card we require your three digit security number, house number and postcode of the billing address to be able to process your payment.

#### Cheque payment

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I enclose a cheque for\* / I authorise BACP to debit/credit my account with the amount of:

\* Please delete as applicable £

Please make cheques payable to: 'BACP'

### Please return this completed entry form to:

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BACP, BACP House, 15 St John's Business Park, Lutterworth, Leicestershire LE17 4HB