



Seeking a Therapist Directory
Organisational application form

bacp

British Association for
Counselling & Psychotherapy

Organisational form

Counselling & Psychotherapy Resources Directory

Application for the Online Directory

Entry into the Online Directory

Your entry can be added to the Online Directory within approximately one week from receipt of your completed entry form and payment of the appropriate fee. This timescale may vary according to the workload of the department.

Conditions of entry for members and non-members

For entry into the Online Directory your organisation needs to be:

1. A member of BACP
2. Using counsellors/psychotherapists who are all eligible for individual entry. This includes:
 - BACP Registered Practitioners (Therapist, Trainer or Supervisor)
 - UKRCP Registered Independent Counsellor or Psychotherapist
 - Individual Member of BACP who has completed their core training as a counsellor
 - Member of UKCP National Register of Psychotherapists
 - Member of BPC – British Psychoanalytic Council
 - Chartered Counselling Psychologist/Chartered Psychologist with counselling training
 - COSCA Accredited Counsellor
 - IACP Accredited Counsellor
 - UKAHPP Accredited Counsellor
 - FDAP Accredited Counsellor

A Contact Person authorised by the organisation will sign to confirm that all counsellors/psychotherapists holding BACP membership but not accredited are in ongoing supervision.

It is the organisation's responsibility to ensure that its members abide by the relevant Ethical Framework/Code(s) of Ethics and practice.

Payment

Payment needs to be submitted with your entry form. Payment methods are detailed on page 8. We regret that we are unable to invoice entrants. Receipts for payments can be downloaded from our website by selecting 'My Profile' and 'Receipt printing'.

Please do not fax this form back to BACP.

Annual entry fees

	BACP Member Organisations	Non-member Organisations
1 April 2011 to 31 March 2012	£86 per entry	£158 per entry

All entry fees include VAT and are for 12 months.

Entries will be added to the Online Directory continuously throughout the year.

Free entries

Registered charities or organisations not charging for their services may have one free entry. Registered charity number will need to be provided.

Not for Profit organisations – on condition of provision of proof of 'Not for Profit' status.

Closing date

The Online Directory is continuous so there is no closing date.

Renewal of entry

Entries are renewed on a 12-month basis and you will be invited to renew your entry towards the end of your entry year. Please note however, that it is your responsibility to ensure payment is made.

Fees for *additional* entries placed at a later date, will be pro-rata for the first year to bring in-line with the date of your first entry for renewal purposes.

Disclaimer

Please check your entry as soon as it appears online – this is usually within three working days of receipt. Although every effort has been made to ensure the accuracy of your entry in the Directory, BACP cannot accept responsibility or liability for the content of any inaccuracy or omission.

Counselling & Psychotherapy Resources Directory

Application for entry as an ORGANISATION

The details requested on this page will not be entered online but are essential in order for us to process your application. For BACP member organisations this information should match details held by the BACP Membership Department.



Please use **BLOCK CAPITALS** when filling in this form.
Please write clearly.

Please note that this form does not need to be filled in if your organisation has an existing entry in the Online Directory. Existing entrants will automatically be sent a renewal letter towards the end of the entry year. Please contact BACP if you have not received your renewal letter.

Name & address of organisation:

.....

Authorised contact person:

Position within organisation:

Please tick below, whichever shows your eligibility for an entry:

We are an organisational member of BACP

Organisational membership number*

**This is a 6-digit number beginning with '1'*

We are using counsellors/psychotherapists who are eligible for Individual entry

Signed by authorised contact person Date

Counselling & Psychotherapy Resources Directory

Details for publication

Organisation name*:

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

Telephone number(s)

Up to 2 numbers may be included.

1

2

Email address:

Website address:

Please note that BACP cannot take any responsibility for advertising websites that are not adequately protected by a spam filter.

But if you do not wish to receive canvassing please tick this box:

Address for publication:

Town: **Postcode:**

County: **Country:**

Please note: the final 3 characters of your postcode **will not be shown online.**

If you have a **second practice** address please give details with a note of which county/region you require to be in. An additional entry fee will be payable for each additional entry.

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

Accessibility: Do you offer disabled access Yes No

Counselling & Psychotherapy Resources Directory

Further details for publication

Practice status

Please tick if you are a BACP Accredited Organisation

Ethical Framework/Code(s) of Ethics

Which of the following do your counsellors/psychotherapists work to?

Please tick which apply to your organisation.

- | | | | | |
|--|--------------------------------|-------------------------------|---|---------------------------------|
| <input type="checkbox"/> BACP | <input type="checkbox"/> BPC | <input type="checkbox"/> BPS | <input type="checkbox"/> Constituent of HPC | |
| <input type="checkbox"/> Constituent of UKCP | <input type="checkbox"/> COSCA | <input type="checkbox"/> IACP | <input type="checkbox"/> FDAP | <input type="checkbox"/> UKAHPP |

The services you offer

You may give a brief description of your services here (max 20 words)

.....

.....

How is your organisation managed?

Please give a brief description of how your services are managed (max 10 words)

.....

.....

How are clients referred to you?

Please tick

- | | |
|--|--|
| <input type="checkbox"/> Employer referred | <input type="checkbox"/> Referred from other professionals |
| <input type="checkbox"/> GP referred | <input type="checkbox"/> Self referred |

Training of counsellors/psychotherapists working within your organisation

Please give details of how counsellors are trained within your organisation, remembering to include any supervision or personal therapy (max 20 words)

.....

.....

Counselling & Psychotherapy Resources Directory

Further details for publication

Experience/special interest of your therapists

Tick up to a maximum of **10**. (Please tick your most popular services or nearest match)

- | | | |
|---|--|---|
| <input type="checkbox"/> Abuse | <input type="checkbox"/> Disability | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Post-traumatic stress |
| <input type="checkbox"/> Addiction(s) | <input type="checkbox"/> General Counselling | <input type="checkbox"/> Pregnancy related issues |
| <input type="checkbox"/> Adoption* | <input type="checkbox"/> Health related issues | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Identity problems | <input type="checkbox"/> Self Esteem |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Infertility | <input type="checkbox"/> Sex related issues |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Life Coaching | <input type="checkbox"/> Sexual identity |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Loss | <input type="checkbox"/> Sexuality |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Men's issues | <input type="checkbox"/> Spirituality |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Child related issues | <input type="checkbox"/> Obsessions | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Cultural issues | <input type="checkbox"/> OCD | <input type="checkbox"/> Women's issues |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Personal development | <input type="checkbox"/> Work related issues |

**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 as or via an Adoption Support Agency. Your entry will not show 'adoption' until we receive this.*

Theoretical basis of your therapists

Tick up to a maximum of **5**.

- | | | |
|---|---|---|
| <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

- | | | | | |
|-----------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|
| <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 |

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Further details for publication

How your therapists work

Tick which of the following reflect the way your work is organised

- | | |
|--|---|
| <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 |

If your therapists work in any other language than English – please list:

.....
.....

Fees per session:

£..... to £.....

Do you make concessions on your fees? Yes No

No fees charged (please tick if applicable)

Additional information:

Please state here anything that is relevant to your work and is not shown in the other sections (e.g. 'Also specialise in dream therapy'; 'Also a member of BHA')

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.....
.....
.....
.....

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Payment details

Organisation details

Organisation name

BACP Organisational membership no (if applicable)

Number of entries

Number of entries required (not including free entries)

I enclose a total fee of £ Fees for entry are given on page 3

- OR
- We are a Registered Charity and request **one** free entry. *Charity Number:*
 - We never charge fees for counselling and request **one** free entry
 - We are a Not for Profit organisation and request **one** free entry. *We enclose proof of 'Not for Profit' status.*

Signature Date

Method of payment

BACP members can make payment online by logging into the 'Members Area' of the BACP website (top right of the home page) and selecting 'My Profile' and 'Online Subscriptions' from the list on the left.

Members and non-members can make payment via telephone using your credit/debit card – call 01455 883300 and ask for the Membership Department.

Credit/debit card payment

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 now require your three digit security number, house number and postcode of the billing address to be able to process your payment. If you prefer to give this information over the phone please contact Membership Services on 01455 883300.

Cheque payment

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: British Association for Counselling & Psychotherapy

Please return this completed entry form to:

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