



**bacp**

British Association for  
**Counselling & Psychotherapy**

Seeking a Therapist Directory

**Individual application form**

**Individual  
non-member form**

# Counselling & Psychotherapy Resources Directory

## Application for the Online Directory

### Entry into the Online Directory

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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. Please ensure that you have sent us copies of your qualifications, either by post or scan and email to avoid delay.

### Conditions of entry for non-members

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**For entry into the Online Directory you need to be one or more of the following:**

1. Member of UKCP National Register of Psychotherapists
2. Member of BPC – British Psychoanalytic Council
3. Chartered Counselling Psychologist/Chartered Psychologist with counselling training
4. COSCA Accredited Counsellor
5. IACP Accredited Counsellor
6. UKAHPP Accredited Counsellor
7. FDAP Accredited Counsellor

### Payment

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Payment needs to be submitted with your entry form. Payment methods are detailed on page 10. 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

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<b>1 April 2011 to 31 March 2012</b>	£140 per entry
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*All entry fees include VAT and are for 12 months.*

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

### Closing date

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

### Renewal of entry

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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

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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 *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*

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.**

Second practice address for publication:

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.

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

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

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

## Details for publication

### Registration/accreditation

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Please tick which of the following applies to you (if applicable):

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

### Relevant examinations obtained for qualifying as a counsellor/psychotherapist

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Include up to 6 qualifications relevant to counselling – plus the year you obtained them.

*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 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                 |

# Counselling & Psychotherapy Resources Directory

## Further details for publication

### Experience/special interest

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Tick up to a maximum of **10**.

- |   |  |   |
|---|--|---|
| <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"/> Service veterans         |
| <input type="checkbox"/> AIDS/HIV                 | <input type="checkbox"/> Infertility           | <input type="checkbox"/> Sex related issues       |
| <input type="checkbox"/> Anger management         | <input type="checkbox"/> Life coaching         | <input type="checkbox"/> Sexual identity          |
| <input type="checkbox"/> Anxiety                  | <input type="checkbox"/> Loss                  | <input type="checkbox"/> Sexuality                |
| <input type="checkbox"/> Asperger Syndrome        | <input type="checkbox"/> Mental health issues  | <input type="checkbox"/> Spirituality             |
| <input type="checkbox"/> Bereavement              | <input type="checkbox"/> Obsessions            | <input type="checkbox"/> Stress                   |
| <input type="checkbox"/> Cancer                   | <input type="checkbox"/> OCD                   | <input type="checkbox"/> Trauma                   |
| <input type="checkbox"/> Child related issues     | <input type="checkbox"/> Personal development  | <input type="checkbox"/> Work related issues      |
| <input type="checkbox"/> Cultural issues          | <input type="checkbox"/> Phobias               |   |
| <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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Tick up to a maximum of **3**.

- |   |   |   |
|---|---|---|
| <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                         |   | <input type="checkbox"/> Supervisor                     |

### Theoretical basis

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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

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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  |

# Counselling & Psychotherapy Resources Directory

## Further details for publication

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

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.....

.....

Fees per session:

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Range from: £..... to £.....

Do you make concessions on your fees?  Yes  No

Additional information:

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

.....

.....

.....

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.....

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.....

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.....

### Registration/accreditation

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Please tick which of the following applies to you (if applicable):

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

### Relevant examinations obtained for qualifying as a supervisor

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Include up to 6 qualifications that relate to your work as a supervisor, plus the year you obtained them.

*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 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                 |

# Counselling & Psychotherapy Resources Directory

## Further details for *supervisor* entry

### Theoretical basis

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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.*

### Supervision offered to:

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- Groups       Individuals       Trainees

### Fees per session:

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Range from: £..... to £.....

Do you make concessions on your fees?     Yes     No

### Supervision session:

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- 0.5 hour       1 hour       1.5 hours

### Registration/accreditation

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Please tick which of the following applies to you (if applicable):

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

### Subjects covered:

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Please list the subjects that you provide training in:

.....

.....

.....

### How do you work?

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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                 |

# Counselling & Psychotherapy Resources Directory

## Payment details

### Personal details

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Name .....

### Number of entries

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The fee for an entry on the Therapist Directory is **£140**.

If you wish to have additional therapist entries you will be required to pay **£140** for each additional entry.

Number of entries required (not including free entries)

I enclose a total fee of £  for  entry/entries

I understand that upon receipt and processing of payment, BACP will input the data for my entry and upload it online as soon as is possible. I confirm that copies of my proof of my qualifications are enclosed

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

### Method of payment

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**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

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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 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

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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: **British Association for Counselling & Psychotherapy**

### Please return this completed entry form to:

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