# Registered member to accredited member

# (Column A to B)

Accreditation as a Counsellor/Psychotherapist

#### ‘A quality standard for the experienced practitioner who can demonstrate high standards of competent and ethical practice’

# Application Form

## BACP Fair Processing Notice

BACP is committed to complying with the GDPR and the DPA 2018.

We only use the information you give us for the purposes specified on this form and laid out in detail in the BACP Privacy Notice.

We will only hold the information for as long as we need it to carry out the task for which it was given.

You have rights under current legislation to limit or prevent the processing of your data and to have access to this information.

We never sell your personal information to third parties but may need to share your details with suppliers who work on our behalf.

To find out more about how we use your personal data, any third parties we may share it with and your rights in relation to it, see our [privacy notice](https://www-training.bacp.co.uk/privacy-notice/#learningcentre).

## Completing your application

Please read through the accreditation [application guide](https://www.bacp.co.uk/membership/accredited-membership/apply-for-individual-accreditation/) in full before you start this application form.

The accreditation application is split into two parts;

Part 1: Eligibility

Part 2: Reflective practice (Criterion 1 and Criterion 2)

* A completed supervisors statement and copies of your training certificates will also be required to apply.

* Please ensure you have all parts of the application completed before applying.

* Email your completed application documents to: [accreditation@bacp.co.uk](mailto:accreditation@bacp.co.uk)

## Personal Information

### Your details:

**BACP member number:**

**BACP Register number:**

**First name(s):**

**Surname:**

You must remain in practice as a registered member in order to submit your

application

Please check that the personal contact details that we hold on your BACP record are correct.

If the details are incorrect, please update them in your member’s area on the [BACP website](https://www.bacp.co.uk).

## Complaints and refusal

If a formal complaint against you is being investigated, we'll be unable to accept your application for accreditation until the outcome of the investigation has been decided.

Please answer the following questions:

1. **Has any formal complaint made against you been upheld by us or any other relevant professional body?:**

Yes

No

If you've answered 'yes', we're unable to process your application until the outcome of the investigation has been decided.

1. **Is there a formal complaint against you currently being investigated by us or any other relevant professional body?:**

Yes

No

If you’ve answered ‘yes’, please give details of the formal complaint.

1. **Have you been refused recognition, certification or accreditation by any relevant professional body?:**

Yes

No

If you’ve answered ‘yes’, please give details of the refusal:

## Part 1: Eligibility

### Training route to accreditation

Please provide details of your course(s). You need to demonstrate that you've undertaken counselling or psychotherapy core practitioner training.

For more information see our [Application Guide](https://www.bacp.co.uk/membership/accredited-membership/apply-for-individual-accreditation/).

If you're only submitting non-accredited course(s), the total taught hours need to be a minimum of 450 hours.

* If you’re applying using BACP accredited training, **you should now go to part A**

* If you’re applying using any other training, **you should now go to part B**

If you have more than one course, copy and paste the required section as many times as you need.

#### Part A:  BACP accredited course

**Name of training institution:**

**Address of training institution:**

**Title of course:**

**Course start date:**

**Course end date:**

**Date award received:**

**Title of award received**:

#### Part B: Other type of training

**Title of course:**

**Name of training institution:**

**Institution’s address and postcode:**

**Describe the main theoretical approach:**

**Describe any other theoretical approaches (optional):**

**Please provide a breakdown of the number of formal taught contact hours (not including hours in placement).**(For example, three hours a week, two 20-hour residential weekends over two academic years = 202 hours):

**Total taught hours:**

**Course start date:**

**Course end date:**

**Date award received:**

**Title of the award you received:**

**Placement start date:**

**Placement end date:**

**Placement details:**

Briefly describe how theory, skills, professional issues and personal development were covered on the course.

**Theory:**

**Skills:**

**Professional issues:**

**Personal development:**

### Current practice details

Please provide details of all your current practice.

If you have more than one current practice, you can copy and paste the whole section as many times as you need.

See our [Application guide](https://www.bacp.co.uk/membership/accredited-membership/apply-for-individual-accreditation/practice/#current) for further information.

**Practice title:**

**Practice start date:**

**Your role, place and setting:**

**Does your current practice include working with individual adults?:**

Yes

No

**Does your current practice include working face-to-face (in-person)?:**

Yes

No

**Does your current practice include working with children and young people?:**

Yes

No

**Does your current practice include working with couples?:**

Yes

No

**Does your current practice include working with groups?:**

Yes

No

**Does your current practice include working online?:**

Yes

No

**Does your current practice include working by phone?:**

Yes

No

**Does your current practice include working with families?:**

Yes

No

**Working with clients based outside of the U.K**

Yes

No

* If you have answered yes to any of the above ways of working, please make sure you include a full explanation of how you work in this way in Criterion 1: Current way of working - point v.

**How many client hours do you undertake each month on average?:**

### Practice log

Please provide details for your practice. For more information see our [Application guide](https://www.bacp.co.uk/membership/accredited-membership/apply-for-individual-accreditation/practice/#log).   
   
You need to show a minimum 450 total hours of practice over three to six years and a minimum 150 total hours of post-training practice.

| **Practice title** | **Dates for each period** | **Hours of practice during the period** | **How many of these hours are post-training hours?** | **Number of months practiced in this period** |
| --- | --- | --- | --- | --- |
|  | **Start date:**  **End date:** |  |  |  |
|  | **Start date:**  **End date:** |  |  |  |
|  | **Start date:**  **End date:** |  |  |  |
|  | **Start date:**  **End date:** |  |  |  |
|  | **Start date:**  **End date:** |  |  |  |
|  | **Start date:**  **End date:** |  |  |  |
|  | **Total hours:** |  |  |  |

### Supervision details

 Please provide details of your supervision arrangements for all of your listed practice including your current practice. For more information see our [Application guide](https://www.bacp.co.uk/membership/accredited-membership/apply-for-individual-accreditation/supervision/).

* You can copy and paste this section as many times as required.
* Complete a separate entry for each supervisor.

**Practice name:**

**Type of Supervision:**

**Individual**

**Peer**

**Group**

**Supervisor’s name:**

**Supervisor’s email address:**

**Supervisor's qualifications relevant to your supervision relationship:**

**Contract start date:**

**Contract end date (optional):**

**Peer or group supervision details (optional):**

**How many people are contracted to attend this group? (optional):**

**Contracted frequency of supervised sessions:**

**Weekly**

**Fortnightly**

**Monthly**

**Contracted length of each session**:

**Is, or was there, any professional or personal relationship between you and your supervisor, other than for the purpose of this supervision?**(For example, if your supervisor is also your line manager you need to tell us about the arrangements for additional supervision you have put in place):

Yes

No

**If yes, please explain**:

**Did this supervisor supervise the case material you have used for Criterion 2?**:

Yes

No

### Diary of current practice

Please provide 2 weeks’ worth of current practice details.

For more information see our [Application guide](https://www.bacp.co.uk/membership/accredited-membership/apply-for-individual-accreditation/practice/#diary).

The number of clients sessions provided in this section should be around half the client hours that you have stated you undertake each month.

You can copy and paste this section as many times as required.

#### Diary entry 1:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 2:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 3:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 4:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 5:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 6:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 7:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 8:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 9:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### 

#### Diary entry 10:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 11:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 12:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 13:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 14:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

#### Diary entry 15:

Current practice name:

Session type (ie couple, individuals etc):

Client details (age and initial):

Date of session:

Session number:

Length in minutes:

Main concerns of session:

## Declaration of honesty

I declare that as far as I know, my full application (part 1 and part 2) contains only true information. I understand the officers of BACP may make such enquiries as they consider necessary to verify the information given. I understand that if any incorrect, incomplete or plagiarised information is discovered, my application for accreditation may be invalidated and my application withdrawn. Such matters may also be referred for consideration under the Professional Conduct Procedure or the Article 12.6 procedure as appropriate.

**Applicant’s signature (a typed signature is acceptable):**

**Date:**

## Part 2

Part 2 of the application form (reflective practice Criterion 1 and Criterion 2) continues on separate templates.

* [Guidance and downloadable template for C1](https://www.bacp.co.uk/membership/accredited-membership/apply-for-individual-accreditation/criterion-1/)
* [Guidance and downloadable template for C2](https://www.bacp.co.uk/membership/accredited-membership/apply-for-individual-accreditation/criterion-2/)

Please also ask the supervisor who supervised your case study (C2) to complete and return the [supervision statement](https://www.bacp.co.uk/membership/accredited-membership/apply-for-individual-accreditation/supervision/).

Email your completed application form, supervision statement and reflective practice Criterion 1 and Criterion 2 to: [accreditation@bacp.co.uk](mailto:accreditation@bacp.co.uk)