# Current senior accredited member to senior accredited member

# (Column C)

# Application Form

**This form must be read in conjunction with the Application Guide**

**Applications will not be returned after assessment.** **Please retain a complete copy for your own records.**

## 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).

## Eligibility criteria

1. Be a current senior accredited member of BACP and in practice as a counsellor and/or psychotherapist.
2. Have undertaken a level 7 or equivalent counselling or psychotherapy related qualification.
3. 160 hours of personal therapy and/or personal development work that has contributed to self-awareness and is applicable to therapeutic practice.

Please tell us about the personal therapy/personal development work you have engaged in. A template is provided for this below.

You will need to provide us with:

1. An approximate date period for your personal therapy and/or personal development activity/ies and how many hours this was for.
2. A brief statement describing how your personal therapy and/or personal development activities have enhanced your self-awareness and how you use this self-awareness in your therapeutic work.

## Part A – Personal information

### Your details:

**BACP member number:**

**BACP Register number:**

**First name(s):**

**Surname:**

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).

## Part B - Complaints and refusal

If a formal complaint against you is being investigated, we'll be unable to accept your application for senior 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 C – Eligibility for Application (Criteria B to C)

Please answer the following questions:

I am currently a senior accredited counsellor or psychotherapist member of BACP:

Yes [ ]

No [ ]

I understand that I must remain an accredited member in order to submit my application:

Yes [ ]

No [ ]

I agree to abide by the BACP ‘*Ethical Framework for the Counselling Professions’:*

Yes [ ]

No [ ]

I have professional indemnity insurance to cover all my work:

Yes [ ]

No [ ]

### Level 7 Training

Full title of course:

Main theoretical approach:

Other theoretical approaches:

Training institution’s name:

Institution’s address:

Postcode:

Institution’s phone number:

Course start date:

Course end date:

Title of the award you received:

Date award received:

Please ensure you submit a copy of your certificate award with this application.

## Personal therapy / Personal development - 250 words per activity

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Number of hours** | **How this activity contributed to your self-awareness** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total hours:** |  |

The boxes will expand as you type into them. Please add an extra line if necessary

**Personal statements (up to 2750 words in total)**

Please use your personal statement to provide evidence of the following criteria:

### Criterion 1

Provide a summary of work-based experiences where you have taken an active role within your professional community.

These activities could have taken place locally or nationally, and should demonstrate your ability to communicate effectively with other professionals in sharing information, advice, instruction and professional opinion to support the provision of counselling/psychotherapy services.

(up to 500 words)

### Criterion 2

Provide a detailed summary of your practice based and CPD/training experience as evidence of how you meet the following criteria:

1. Competence in conceptualising and/or formulating ways of working with clients with chronic/enduring mental health conditions.
2. Understanding of the language/discourses around diagnosis, psychopathology and mental disorders.
3. The ability to make complex judgements about high-risk clients and take appropriate action when required.

(up to 1000 words)

**Criterion 3**

1. Provide a brief statement of your understanding of the harm caused by discriminatory practices, and how you work to address power differentials within your own therapeutic practice.
2. Provide a brief case example demonstrating your competence in working with ruptures or difficulties within the therapeutic relationship using ‘unconscious’ or ‘out of awareness’ processes.

(up to 1000 words)

### Criterion 4

Please provide a brief statement demonstrating your knowledge of, and ability to use audit and evaluation methodologies to contribute to improving the process and outcomes of therapy.

(up to 250 words)

## Declaration of honesty

I declare that as far as I know, my full application 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:**

Email your completed application form along with any relevant certificates to

accreditation@bacp.co.uk

## Supervisor’s statement

Give this template to your supervisor to complete and attach to your application on submission:

Supervisor name:

Email address:

1. Is the applicant’s personal statement consistent with your knowledge and understanding of their work experience and how they work with clients?

Yes [ ]

No [ ]

If No or you are unsure, please give your reasons:

1. If you have supervised the case material used to evidence criterion 3, do you agree that the applicant’s description is an accurate reflection of their work with this client/s?

Yes [ ]

No [ ]

If No or you are unsure, please give your reasons:

1. Please read the applicant’s personal statement in full (criteria 1-4), then comment on their overall competence in relation to the column C competences in the SCoPEd framework. You will need to make reference to any areas for future development in relation to the SCoPEd framework that have been agreed with the applicant.
2. In your experience of the applicant, are they an ‘Independent, competent and ethical counsellor/psychotherapist who has demonstrably developed their knowledge, experience and ethical working since their initial accreditation’ who is therefore ready for senior (column C) accreditation?

Yes [ ]

No [ ]

If No or you are unsure, please give your reasons:

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

**Date:**

Email your completed application form along with any relevant certificates to: accreditation@bacp.co.uk