**IACP/BACP Recognition of Accreditation Application Form**

#### Your details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BACP Member number: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Title (Mr, Mrs, Ms, other):  |
|  |
| First name(s):  |
|  |
| Surname:  |
|  |
| Address:  |
|  |
|  | Postcode:  |
|  |  |
| Daytime phone number:  |
|  |
| E-mail address:  |
|  |
| May we contact you by e-mail? | Yes |  | No |  |

#### Complaints and refusals

Please delete **YES** or **NO** to leave the correct answer showing

|  |  |  |
| --- | --- | --- |
| **1)** Is there a formal complaint against you currently being investigated by us or any other relevant professional body? (If yes, see below) | **YES** | **NO** |
| **2)** Has any formal complaint made against you been upheld by us or any other relevant professional body? (If yes, please provide a copy of the details of the complaint and outcome from the relevant body.) | **YES** | **NO** |
| **3)** Have you been refused recognition, certification or accreditation by any relevant professional body? (If yes, please provide a copy of the details of the refusal from the body concerned.) | **YES** | **NO** |

**If you have answered YES to Question 1), we will be unable to accept your application for accreditation until the outcome of the investigation has been decided.**

#### Eligibility for application

Please delete **YES** or **NO** to leave the correct answer showing:

|  |  |  |
| --- | --- | --- |
| Are you currently a member of BACP? | **YES** | **NO** |
| Are you currently an Accredited Member of IACP | **YES** | **NO** |
| Have you had an unsuccessful application for BACP Accreditation within the last 12 months | **YES** | **NO** |
| IACP Membership Number: |  |  |
| Date when first accredited as Counsellor/Psychotherapist by IACP: **\*** |  |  |
| Date of current Letter of Notification/Authentication: **\*** |  |  |

**\*Please enclose a copy of your Certificate of Accreditation and a current Letter of Notification/Authentication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration of Honesty**I declare that as far as I know, my application contains only true information. I hereby authorise the officers of BACP to 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or plagiarised information is discovered, my application for accreditation may be invalidated and my application withdrawn.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: |  |
| Date: |  |

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Please return this form by post to:

Accreditation Team

British Association for Counselling and Psychotherapy

BACP House

15 St John's Business Park

Lutterworth

Leicestershire, LE17 4HB

**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 at https://www.bacp.co.uk/privacy-notice/