Application Form for BCPC Approved Lists

Please tick the list(s) which you wish to be considered for:		
☐ Psychotherapist	☐ Counsellor	☐ Psychotherapy Supervisor
		☐ Counselling Supervisor

Name	
Address Postcode	
Email	
Phone (day)	
Phone (evening)	
Date	

Tick the boxes that are relevant to you		
☐ Body work	☐ Core Process Psychotherapy	
☐ Existential	☐ Gestalt	☐ Humanistic
☐ Integrative	☐ Jungian	☐ Psychoanalytic
☐ Psychodrama	☐ Psychosynthesis	☐ Transactional Analysis
☐ Other:		

Psychotherapists: please fill in sections **A** and **D**
Counsellors: please fill in section **B**, **C** (if applicable) and **D**

A) Psychotherapist and Psychotherapy Supervisors List

Please note: Items marked * need not be filled in by bcpc trained psychotherapists

1.	**Criterion: A psychotherapist must have been on the UKCP Register for at least 1 year**		
	I have been on the UKCP Register since *Please give date*		
	My registering Member Organisation is		
	Section of UKCP		
2.	**I am not in the UKCP Register** *Please see notes and give reason*		
3.	* **I have successfully completed a psychotherapy diploma course** *Give name and address of awarding body*		
	Please give details of post-graduate training. *List short courses, workshops, conferences etc with dates*		
4.	**We require our students to be in a regular contract at least weekly with their therapist and we request that all therapists give adequate time for ending of a therapy contract**	□ Yes, I can fulfil this contract	□ No, I cannot fulfil this contract
	If no, please state why you cannot fulfil this contract		
5.	**I would like to be considered as a supervisor as well as a therapist to students**	□ Yes	□ No
6.	**If yes please give details of any supervision training/qualifications you may have**		

Psychotherapists: please go to section **D** to complete this form
Counsellors: please also fill in sections **B**, **C** (if applicable) and **D**

B) Counsellors List

Please note: Items marked * need not be filled in by BCPC trained counsellors

1.	**Criterion: A counsellor must have been <u>individually</u> accredited with BACP or registered with UKCP for at least one year**		
	□ I am BACP Accredited □ UKCP psychotherapeutic counsellor		Reg number: Reg number:
2.	**Criterion: A minimum of 400 hours of training up to diploma level**		
	* I have successfully completed a Counselling Diploma course *Please include evidence of your diploma*	□ Yes	
	If yes give name/address of awarding body		
	Dates of training		
	Hours of training		
3.	**Criterion: A minimum of 1 year's practice post accreditation with BACP**		
	I have been working as a counsellor for 1year post BACP Accreditation/UKCP registration	□ Yes	□ No
4.	**Please state your experience of short and long-term work**		
	I work short-term *State average number of weeks*		
	I work long-term *State maximum of months/years*		
5.	**Please confirm your membership of a professional organisation whose Code of Ethics and practice you work to** *Please give name, address and telephone number of organisation*		
6.	**Criterion: Experience of either 3 years as a client in psychotherapy, or counselling, or a combination of both**		
	□ I have experienced 3 years psychotherapy □ I have experienced 3 years counselling □ I have experienced 3 years combined psychotherapy/counselling		
	Please state the orientation of the therapy and the duration		

7.	**Please give details of post-graduate training including any training in supervision** *List short courses, workshops, conferences etc with dates*

C) Counselling Supervisors List

Please fill in Section B for Counsellors before you complete this section as a supervisor

1.	**Criterion: A minimum of 3 years practice in supervision**
	I have been working as a supervisor for: years post graduation
2.	**Please state any particular areas of interest as a supervisor**
3.	**Please tell us about your work settings past and present as a supervisor**
4.	**Please state your experience of short and long- term work as a supervisor**

Counsellors: please continue to section **D** to complete the form

D) This section to be completed by all

1.	**I hold Liability/Indemnity Insurance**	
	Insurance Company	
	Policy number	
	Address	
	Telephone number	
2.	**Please confirm that you are in regular supervision**	
	I am in supervision with	
	Address	
	Telephone number	
	I am in group supervision with	
	Address	
	Telephone number	
	I am in peer supervision with	
	Address	
	Telephone number	
	We enclose a supervisor's report to be filled in by your supervisor or co-supervisor as appropriate. One member's name from a supervision group is sufficient	
3.	**I have a contract pro-forma which covers GDPR.** *Please tick box to confirm* □	
4.	**Where do you practice now? Please state all the places where you might see students as clients/supervisees** *Please give address and telephone number*	
5.	**Please provide in the space below a brief statement of your core beliefs together with a description of your theoretical approach and how they influence your work with clients.** *We enclose the bcpc letter about our own core beliefs*	
On the list for students, I would like to be described as *(in 1-2 words) please refer to the boxes you have ticked on page1.*		
Signed:	Date:	

Thank you for filling in this form. Please ensure your present supervisor fills in the enclosed supervisor's report and return it to bcpc with this form.

Application to be on the Approved Psychotherapist, Counsellor and Supervisor Lists

Supervisor's Report

Name:

has applied to be on the approved list of psychotherapists, counsellors or supervisors for Bath Centre of Psychotherapy and Counselling. Would you please fill in the form below, as we understand this practitioner is in supervision with you.

Your name	
Address Postcode	
Telephone number	
Your professional status	
Name of Supervisee/Co-supervisee	
They practice as a: □ Psychotherapist □ Counsellor □ Both	
Date of commencement of supervision with you	
Is this individual or group supervision?	
How many hours is the supervision session?	
What frequency (e.g. weekly/fortnightly)	
Please comment on his/her suitability to work with students on a Psychotherapy/Counselling Diploma Course	
Please confirm your membership of a professional organisation whose Code of Ethics you work to	
Name of Organisation	
Address Postcode	
Telephone	
Signed:	Date:

Thank you for filling in this form. Please return it to your colleague.