

**Non-Accredited Clinical Membership Renewal**

Student or Trainee members of UPCA who have graduated from an accredited UPCA

counselling/psychotherapy training programme, who have not yet met the full requirements of the programme and training, or fulfilled the necessary criteria for UKCP registration, and who have maintained up to date membership are required to apply for non-accredited clinical membership.   
  
This is available for a maximum period of five years to enable completion of training, and preparation to fulfil necessary criteria for registration as a psychotherapeutic counsellor or a

psychotherapist. Members in this category are entitled to use the designation; MUPCA, together with the relevant professional title as granted by the programme from which they have graduated.

**Please complete and save in either a *Word* or *PDF* format file.**

**Return by *email* to** [**administration@upca.org.uk**](mailto:administration@upca.org.uk)

***Parts A-F to be completed by all applicants***

**Part A: Personal Details** (To be completed by all applicants)

| **Title: (Ms, Mx, Mr, Miss, Mrs, Other):** |
| --- |
| **First Name(s):**  (This will be used on your certificate) |
| **Surname:**  (This will be used on your certificate) |
| **UPCA Membership Number:**  (This can be found on your previous membership certificate) |

| **Email:** | **Telephone:** |
| --- | --- |
| **Full Address and Postcode:**  (This will not be used on your certificate) | |

| **Title:** (Psychotherapist/Psychotherapeutic Counsellor) (delete as appropriate) |
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| **Modality:** (Existential/Integrative/Group Analytic/Psychodynamic/Person Centred/Other please specify) (delete as appropriate)  Other (please specify): |

**Part B: Clinical Practice Declarations** (To be completed by all applicants)

| **Annual Declaration:** Upon renewing my non-accredited clinical membership with UPCA I declare that from 1st September 2023 to 31st August 2024 | *Please answer* *Yes or No* |
| --- | --- |
| I have maintained sufficient **clinical practice** hours *(guideline – normally minimum 4 client hours per week)* |  |
| I have maintained appropriate **clinical supervision** to ensure my safe practice. |  |
| I have worked in accordance with the **UKCP Code of Ethics & Professional Practice** |  |
| I have engaged in a minimum of 50 hours CPD to ensure my safe practice |  |
| **Insurance:** I have maintained adequate professional liability insurance  **Insurance Provider** *Name of Insurer:*  **Period of Insurance** *Dates of cover from: to:* |  |
| 1. **Breaks in Practice:** have you taken any breaks in clinical practice of more than 3 months from 1st September 2023 to 31st August 2024 2. If **YES** please provide dates**:** |  |
| 1. **Complaints:** have any complaints been made against you from 1st September 2023 to 31st August 2024   If **YES** please provide further information below. |  |
| **Further information:** |  |

**Part C: Payment of Fees** (To be completed by all applicants)

| **Membership fees: Please pay the fee when you submit your application**  **The fee for Non-Accredited Clinical Membership is £75 per membership period which runs from 1st September to 31st August each year.**  **Payment should be made by:**  **UK payments by BACs -** Bank transfer to UPCA **| Account Number:** 40241253 **| Sort Code:** 20-35-27  **Non-UK Transfers should be made to UPCA in £ GBP:** IBAN No: GB05 BUKB 2035 2740 2412 53 SWIFTBIC: BUKBGB22.  Many of our international members use [**Wise**](https://wise.com/) as an alternative way to transfer their membership fees however, you will need to check if this is eligible in your country of residence and compare their fees. There are also various other global money transfer websites.  **Missed years/Re-joining fees:** an administration fee of £46.20 will be charged to re-join for a previously cancelled or lapsed membership, plus the fees for any missed years.  Get in touch with [**administration@upca.org.uk**](mailto:administration@upca.org.uk)for clarification. | |
| --- | --- |
| Amount Paid:Date payment made:Your payment reference\*: | \*Important: Please include your membership number & surname in your payment reference to enable us to trace your payment |

**Part D: Supervision** (To be completed by all applicants)  
Provide details of all your supervision arrangements

| **Client Hours**  *average per week* | Adult: | Child: | Supervisee: |
| --- | --- | --- | --- |
| **Supervision Hours** *average per month* | |  | |
| **Clinical Supervisor(s) Name(s)** | |  | |
| **Clinical Supervisor(s) Email** | |  | |
| **Clinical Supervisor(s) Telephone** | |  | |
| **Clinical Supervisor(s) Registration Details**  e.g. UKCP, BPC, BACP, HPC) | |  | |

# **Part E: CPD** (To be completed by all applicants)

| **CONTINUING PROFESSIONAL DEVELOPMENT (CPD) DECLARATION**  Include CPD Activities from: 1st September 2023 to 31st August 2024  **CPD Guidelines** The fundamental intention of underpinning all CPD activity is protection of the public through maintenance and improvement of professional standards. Accreditation of university and university-linked courses includes the provision of continuing professional development for graduates.  UPCA registered practitioners are required to keep a portfolio of their CPD activities (with certificates of attendance where possible) demonstrating that clinical professional development has been maintained and that clinical practice is up-to-date.  As part of the annual membership renewal process a CPD declaration needs to be completed and signed (*electronic signature acceptable*) confirming:   * Client Contact Hours each week (a recommended minimum of 4 client contact hours per week for the first five years of practice) * Number and frequency of Supervision Hours * Personal Therapy (continued personal therapy is recommended in the first years of clinical practice) * 50 Hours CPD Activity (50 hours is a minimum guideline not including practice hours e.g. client contact hours).   Items that could be included as part of the CPD activity are:   * Core training meetings, workshops/seminars; workshops/seminars providing development across other models * Experiences outside the consulting room that contribute to new ways of thinking about/engaging in clinical work * Complementary professional activities, research, writing, reading and spiritual practice. * Clinical Supervision related to practice.   Members must also demonstrate that their practice and CPD reflects the Diversity and Equality Policy of UKCP. This will include such things as demonstrating an understanding of power, prejudice and the impact of oppression, and the needs of the diverse group of clients with whom they work. | | |
| --- | --- | --- |
| Course Title / Institution (e.g. courses, workshops or seminars etc.) | Dates | CPD Hours |
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| Professional Organisation (e.g. workplace meetings, conferences etc.) | Dates | CPD Hours |
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| Publications (e.g. books and journals read, papers published etc.) | Dates | CPD Hours |
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| Other Professional Growth Activities (e.g. meditation, mindfulness.) | Dates | CPD Hours |
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| In Service Training (e.g. workplace, educational or community) | Dates | CPD Hours |
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|  |  |  |
| **Clinical Supervision Hours (Total)**  For the period: 1st September 2023 to 31st August 2024 | |  |
| **CPD Hours (Total including supervision)**  For the period: 1st September 2023 to 31st August 2024 | |  |
| **Reflective Practice Statement:** (To be completed by all applicants-minimum 500 words)    This piece should involve reflecting on your own process in response to your CPD, Self-Care and Supervision and should describe in light of this reflection, how you feel you and your practice have developed.  This reflection should be discussed with your supervisor or another clinical peer. | |  |
| **General Comments** regarding progress toward professional goals and other issues not included above: | | |

**Part F: Terms and conditions**

| **Non-Accredited Clinical Membership**  **I agree to:** |
| --- |
| * Maintain sufficient clinical practice hours *(recommended guideline, normally 4 client hours per week)* * Maintain regular clinical supervision as appropriate * Work in accordance with the [UKCP Code of ethics and professional practice](https://www.psychotherapy.org.uk/media/bkjdm33f/ukcp-code-of-ethics-and-professional-practice-2019.pdf) * Advise UPCA of any breaks in practice * Advise UPCA of any complaints or convictions made against you * Maintain adequate professional indemnity insurance * Maintain a minimum of 50 hours annual CPD to ensure safe practice * Notify UPCA if my contact details change |

**Declaration:**

I declare that my application form contains only true information. I understand that UPCA may make enquiries as they consider necessary to verify any information given. I understand that if any incorrect, incomplete or plagiarised information is discovered, my application/renewal may be invalid and UPCA has the right to withdraw my application. I understand that my UKCP Registration is dependent upon my remaining membership of UPCA.

| **Member signature/e-signature:** |  |
| --- | --- |
| **Date:** |  |

## **Data Protection**

The information you provide in this form is required to process your membership. You will have the right to access the information you have provided as well as the other rights afforded to you under data protection laws. You may request for the information to be destroyed. This will result in your withdrawal from the process. If you do not provide all the information required on this form your renewal may not be processed.

Information submitted may be stored and processed electronically for the purposes of delivering services, marketing and supplying information. Data may be passed to other parts of the organisation and partner organisations operating on our behalf to enable this to take place. We will ensure your data is always stored and handled securely.

To find out more about the way we look after personal data please see the UPCA privacy notice on our website at: [www.upca.org.uk](http://www.upca.org.uk)