



NLPtCA Admin
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NLPtCA New Member Application Form

Section 1 PERSONAL DETAILS

Please specify the following

1.1 Full name and title and any other names under which you have practised psychotherapy/counselling

Title	First name	Middle Name(s)
Surname		

1.2 Date of Birth

1.3 Home Address

Post Code	Home Tele No.	Mobile No.
Email Address		

1.4 Practice/Company name(s) under which you operate

1.5 Primary Practice/Work address

Post Code	Work Tele No.	Mobile No.
Email Address		

1.6 Do you have any health problems (including hearing or sight difficulties) which might:

Affect your ability to practise psychotherapy on a regular basis or otherwise work effectively with clients?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes please give details:

Make any special demand on your clients?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes please give details:

1.7 Is there wheelchair access in your practice? (i.e. the address in 1.5 above)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Section 2 MEMBERSHIP LEVELS AND FEES

There are currently three levels of membership defined below:

- Associate Member:** The minimum entry requirement is 120 hours face to face Practitioner training
- Member:** A student of Neuro Linguistic Psychotherapy with a recognised Training Organisation who has completed a minimum of 10 hours supervision and is deemed safe to practice.
- Accredited Member:** Accredited by NLPtCA as a Psychotherapist

2.1 Please tick the level of membership for which you are applying:

Associate Member <input type="checkbox"/>	Member <input type="checkbox"/>	Accredited Member <input type="checkbox"/>
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2.2 I have enclosed a cheque for £

Please see attached fee scale. Renewal date March 1st

Section 3 ETHICAL PRACTICE

Adherence to the NLPtCA Code of Ethics is a requirement of membership of the NLPtCA. By making an application for membership you will be deemed to confirm your agreement to abide by, and comply with, the NLPtCA Code of Ethics in all respects.

3.1 Please state whether or not you are, or have been, the subject of a written complaint to a professional body, or if your standards of care or professional behaviour have ever been investigated.

Yes No

If yes please give details:

3.2 Please state whether or not you have been convicted of or are currently charged with any criminal offence.

Yes No

If yes please give details:

Section 4 TRAINING IN NLP/NLPt AND RELATED SUBJECTS

For all training please provide proof of attendance/certification by providing a copy of all certificates received.

4.1 Please supply for EACH certified **NLP Practitioner & Master Practitioner training** in chronological order starting with your first training (Please complete on the attached sheet)

- 4.1.1 Title of training
- 4.1.2 Dates you attended the training
- 4.1.3 Number of days duration of training
- 4.1.4 Total training hours
- 4.1.5 Names/of lead trainer/s on this course
- 4.1.6 Full name and address of training organisation
- 4.1.7 Qualification received

4.2 Please supply for any related NLP/NLPt Trainings you have completed. (Please complete on the attached sheet)

- 4.2.1 Title of training
- 4.2.2 Dates you attended the training
- 4.2.3 Number of days duration of training
- 4.2.4 Total training hours
- 4.2.5 Names/of lead trainer/s on this course
- 4.2.6 Full name and address of training organisation
- 4.2.7 Qualification received

Section 5 SUPERVISION

If you are actively seeing clients it is a requirement of membership of NLPtCA that you receive supervision from a qualified supervisor, either an NLPtCA supervisor or a qualified UKCP/BACP supervisor who has trained to Master Practitioner level in NLP.

5.1 if you tick 5.1.2 then go to 5.2

5.1.1 I am not actively seeing clients

Continue to Section 6

5.1.2 I am actively seeing clients

Please complete 5.2

5.2. Please provide the name, address and contact details of your supervisor

Name

Address

Telephone

Organisation

Section 6 INSURANCE

6.1 Please give details of the negligence/malpractice insurance cover you maintain in respect of your practice as a Neuro Linguistic Psychotherapist

Please supply:

- A copy of your insurance certificate if you offer private psychotherapy and/or
- A letter from your employer stating that you are covered by their insurance to practise NLPt.

Section 7 SPECIALISMS

We draw your attention to the guidelines for citing specialisms from our Code of Ethics and Practice.

9.1 Members are required to recognise that some areas of therapy deserve specialist training. These include but are not limited to child psychotherapy, group, couples and family work, childhood sexual abuse and other severe trauma, body-oriented psychotherapy, sexual identity and sexuality work. Members must not advertise such specialist services unless they have undergone a recognised training and met other course requirements of such training, such as placement and specialist supervision. If a member is in doubt about whether qualifications would be recognised, NLPtCA must be consulted.

7.1 Please list any specialism. (Please complete on the attached sheet)

7.2 If you have not already provided details of the training and copies of certificates please do so on the attached sheet.

- 7.2.1 Title of training
- 7.2.2 Dates you attended the training
- 7.2.3 Number of days duration of training
- 7.2.4 Total training hours
- 7.2.5 Names/of lead trainer/s on this course
- 7.2.6 Full name and address of training organisation
- 7.2.7 Qualification received

Section 8 DIRECTORY LISTING

Accredited Members and Members are eligible to be listed in our online directory. If you wish to be listed please provide the information to be entered in the directory.

8.1.1. How you wish your name to appear

8.1.2. Address

Post Code

8.1.3 Telephone numbers

Work Tele No.	Mobile No.	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>

8.1.4 Fax

8.1.5 email address

8.1.6 Specialisms (supported by evidence of training - see Section 7)

8.1.7 Wheelchair access

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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DECLARATION

Name of Applicant

I am the applicant named above. I authorise my Supervisor to reveal any information she/he considers relevant to the NLPtCA Membership Officer in verifying my application.

I am fully aware of, and comply with the Code of Ethics of NLPtCA and I understand that under this code my ultimate responsibility is to the welfare of my clients.

Signed

Dated

