

Application Form (AF) for New Applicants 2017

Final: 15.12.16



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Contents

We recommend

that you have **Application Form Guidance** (AFG) alongside this **Application Form** as you complete it.

PLEASE COMPLETE AND RETURN ON OR BEFORE: **31 March 2017**

Only complete this application form if this is your **first application** for accreditation through NLPtCA for registration with the United Kingdom Council for Psychotherapy (UKCP).

If you are **Re-Applying** please discuss your circumstances with the Accreditation Registrar.

If you are seeking **Re-Accreditation** see Re-Accreditation Guidelines.

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AF1: Personal Details

Have you been a fully paid up member of NLPtCA for at least 12 months?		
YES / NO		If NO please refer to General Guidelines GG2 before proceeding

Please specify the following:		
1.1	Full name and title and any other names under which you have practised psychotherapy / counselling?	
1.2	Date of birth	
1.3	Home address, telephone number and email	
1.4	Practice / Company name (s) under which you operate	
1.5	Practice / Work address, telephone numbers and email	
1.6	The name, address, telephone number, email and website address you wish to be published on the NLPtCA website	
1.7	Have you submitted an application for registration with the UKCP under any other section / organisation?	
	YES / NO	If YES please give details:
1.8	Have you ever been, or are you currently registered with the UKCP, British Association for Counselling and Psychotherapy (BACP) or other psychotherapeutic accrediting body?	
	YES / NO	If YES please give details:

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1.9	Do you have any health problems (including sight or hearing difficulties) which might:			
	<ul style="list-style-type: none"> Affect your ability to practice psychotherapy on a regular basis or otherwise work effectively with clients? 			
	YES / NO	<input type="checkbox"/>	If YES please give details:	
	<ul style="list-style-type: none"> Make any special demands on your clients? 			
	YES / NO	<input type="checkbox"/>	If YES please give details:	
1.10	Is there wheel chair access in your practice? (i.e. the address provided in 1.5)			
	YES / NO	<input type="checkbox"/>	If YES, do you wish us to list this information on the NLPtCA website?	YES / NO <input type="checkbox"/>
1.11	Are you able to conduct therapy in any other language than English?			
	YES / NO	<input type="checkbox"/>	If YES, do you wish us to list this information on the NLPtCA website?	YES / NO <input type="checkbox"/>
			If YES, please state other language (s):	

AF2: Ethical Practice

Adherence to the NLPtCA Code of Ethics is a requirement of membership of the NLPtCA. By signing your application form you are agreeing to abide by, and comply with, the current NLPtCA Code of Ethics in all respects. (A copy is available at www.nlptca.com)

Please state:				
2.1	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	<input type="checkbox"/>	If YES please give details:	
2.2	Whether or not you are, or have been the subject of a written complaint relating to professional conduct made about you as a trainer, supervisor or employer:			
	YES / NO	<input type="checkbox"/>	If YES please give details:	
2.3	Whether or not you have been convicted of or are currently charged with any criminal offence:			
	YES / NO	<input type="checkbox"/>	If YES please give details: Date: _____ Type of offence: Circumstances: Learning / implications for practice: Taken to Therapy and Supervision:	

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2.4	Whether or not you have consulted a solicitor or other advice service about an actual or possible legal action against you for matters relating to professional services or conduct:		
	YES / NO		If YES please give details:

AF3: Graduate Level Education

3.1	Do you hold a degree or equivalent qualification?		
	YES / NO		If YES please state:
			Subject Area
			Date awarded
			Name and address of awarding body
			Provide a copy of your degree or equivalent certificate. Certificate Reference:
If NO please give specific details of work and other experience which would satisfy an MA / MSc course entry requirement (as defined in the Guidelines for New Applicants: AFG3).			

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AF4: Training in NLP/NLPt and Related Subjects

In this section you are asked to provide a high level **summary** of your training in **NLP / NLPt and related subjects** in the **table at 4.1**. You are then asked to provide the **detail** for each of these trainings structured as follows:

- **Box 4.2** - Certified Practitioner and Master Practitioner
- **Box 4.3** - NLPt Theory and Clinical Practice
- **Box 4.4** – NLP / NLPt Related Subjects & Assisting

Please ensure you have understood and applied the guidelines for Accreditation criteria for the calculation of Training Hours and Assisting Hours (**AFG4**).

4.1 Please provide a **summary** of your training in **NLP / NLPt and related subjects** which clearly shows how the total training hours meets the current Accreditation Criteria:

Box Ref*	Course Dates	Course Title	Training Provider	Number Of Days	Hours Per Day (max 8)	Total Hours	Certificate Reference
Certified NLP Practitioner and Master Practitioner – Criteria 240 hours							
Total Hours Certified NLP Practitioner and Master Practitioner							
NLPt Theory and Clinical Practice – Criteria 80 hours							
Total Hours NLPt Theory and Clinical Practice							
Other NLP/NLPt and related subjects – Criteria 60 hours							
Total Hours Other NLP/NLPt and related subjects – including Assisting							

* E.g. Box 4.2.1, Box 4.3.1 etc.

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4.2 Please provide the following detail for **EACH certified NLP Practitioner & Master Practitioner** training, in chronological order starting with your first training. Please copy more boxes if required. Reference each box to the table at 4.1

Title of Training Box Ref:			
Qualification Received		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			

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Qualification Received		Accrediting Body	
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Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			

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4.3 Please provide the following detail for **EACH** training in **NLPt Theory and Clinical Practice**, in chronological order starting with your first training.
Please copy more boxes if required. Reference each box to the table at 4.1

Title of Training Box Ref:			
Qualification Received		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			

Title of Training Box Ref:			
Qualification Received		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			

Title of Training Box Ref:			
Qualification Received		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			

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4.4: Please provide the following detail for **EACH** training in **NLP/NLPt and related subjects**, in chronological order starting with your first training.
Please copy more boxes if required. Reference each box to the table at 4.1
(Please ensure you have understood and applied the guidelines for Accreditation criteria for the **calculation of Assisting Hours GG4**).

Title of Training Box Ref:			
Qualification Received		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			

Title of Training Box Ref:			
Qualification Received		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			

Title of Training Box Ref:			
Qualification Received		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			

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AF5: Critical Understanding of Psychotherapy Studies

In this section you are asked to explain how you have acquired your critical understanding of the relevance of EACH of the following studies. *(Please do NOT duplicate any information provided in AF4 or AF6)*

- Human Development
- Psychopathology (including Psychopharmacology)
- Sexuality and Gender
- Ethics
- Research Methods
- Social Sciences

Applicants who have successfully completed a Diploma in NLPT must complete Section 5.1. and 5.2. Sections 5.3 and 5.4 are optional.

Applicants who have not completed a Diploma in NLPT must give full evidence of how their critical understanding and clinical application of the studies has been achieved and should complete all sections.

(A Diploma in NLPT is a two year Masters level course which satisfies UKCP and College training requirements, run by a UKCP Registered NLPT Psychotherapist.)

5.1 Please provide a **summary** of your training in **Critical Understanding of Psychotherapy Studies** which clearly shows how the total training hours meets the current Accreditation Criteria of 80 hours:

Box Ref	Course Dates	Course Title	Training Provider	Number Of Days	Hours Per Day	Total Hours	Certificate Reference
Total Hours							

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5.2: For EACH subject listed above, please provide your **training**, in chronological order starting with your first training. Please copy more boxes if required.

Title of Training Box Ref:			
Brief Description of Content			
Qualification Received		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			
Full Name and Address of Training Organisation:			
Please state what form of assessment you completed for each of the subjects above. e.g. essay, examination, thesis, research study etc. Please give the area of study, the form of assessment and the title of the piece of work (where applicable):			

Title of Training Box Ref:			
Brief Description of Content			
Qualification Received		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			
Full Name and Address of Training Organisation:			
Please state what form of assessment you completed for each of the subjects above. e.g. essay, examination, thesis, research study etc. Please give the area of study, the form of assessment and the title of the piece of work (where applicable):			

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5.3 Please give details of any **voluntary** or **paid work** which you consider has provided you with knowledge and experience related to EACH of the six subjects. Please copy more boxes if required.

Name of employing organisation in full:			
Address:			
Position Held		Dates	
Nature of work undertaken			
How specifically did this work provide you with your understanding and experience of the subject?			

Name of employing organisation in full:			
Address:			
Position Held		Dates	
Nature of work undertaken			
How specifically did this work provide you with your understanding and experience of the subject?			

5.4 Please give details of any other means whereby you have acquired a critical understanding of psychotherapy studies in addition to that provided above.

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AF6: Knowledge of Other Psychotherapeutic Approaches

In this section you are asked to explain how you have acquired your critical understanding of a range of psychotherapies and counselling other than NLPt. *(Please do NOT duplicate any information provided in AF4 or AF5).*
 Applicants who have successfully completed a Diploma in NLPt must complete Section 6.1. and 6.2 Sections 6.3 and 6.4 are optional.
 Applicants who have not completed a Diploma in NLPt must give full evidence of how their critical understanding and clinical application of the studies has been achieved and should complete all sections.
 (Please see AF5 for the definition of Diploma in NLPt.)

6.1 Please provide a **summary** of your training in **Other Psychotherapeutic Approaches** which clearly shows how the total training hours meets the current Accreditation Criteria of 40 hours:

Box Ref	Course Dates	Course Title	Training Provider	Number Of Days	Hours Per Day	Total Hours	Certificate Reference
Total Hours							

6.2: For EACH **training**, please supply the following: *Please copy the box if required.*

Title of Training Box Ref:			
Brief Description of Content			
Qualification Received (if any)		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			
Full Name and Address of Training Organisation:			

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Title of Training Box Ref:			
Brief Description of Content			
Qualification Received (if any)		Accrediting Body	
Training Organisation		Name of Lead Trainer /s	
Dates Attended		Total Training Hours (as defined in guidelines)	
Duration in days			
Full name and Address of Training Organisation:			

6.3 Please give details of any **voluntary** or **paid work** which you consider has provided you with knowledge and experience related to psychotherapies and counselling other than NLPt. Please copy more boxes if required.

Name of employing organisation in full:			
Address:			
Position Held		Dates	
Nature of work undertaken			
How specifically did this work provide you with your understanding and experience of psychotherapies and counselling other than NLPt?			

6.4 Please give details of any other means whereby you have acquired a critical understanding and experience of psychotherapies and counselling other than NLPt in addition to that provided above.

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AF7: Supervision

7.1 Primary Supervision
 Please provide a summary of your supervision hours, which clearly shows how the number of hours of supervision in relation to the number of hours of client work (in those years aligned to your 450 supervised face-to-face client hours) meets the criteria of one hour of primary supervision for every six client hours in every year (AFG7).

Supervisor	Dates From/to	1:1 or Group	Hours of Primary Supervision					Total
			2012/13	2013/14	2014/15	2015/16	2016/17	
Totals								
Client contact hours								
Ratio supervision to client hours								

7.2 Secondary Supervision
 Please provide details of your Secondary Supervision hours and activities. (See AFG7 for details.)

Date	Description	Ref	Hours
Total Number of Secondary Supervision Hours			

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7.3	<p>Tertiary Supervision Please provide details of your Tertiary Supervision hours and activities. (See AFG7 for details.) Valid to 31.3.14 to a maximum of 25 hours.</p>
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Date	Description	Hours
Total Number of Tertiary Supervision Hours		

7.4	<p>Overall Supervision Ratio Your combined supervision hours, detailed above, must equate to at least one hour of supervision for every 3 client hours</p>
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Total hours Primary Supervision (7.1)	
Total hours Secondary Supervision (7.2)	
Total hours (max 25) Tertiary Supervision (7.3)	
Total Supervision Hours (7.1, 7.2 & 7.3)	
Total Eligible Client Hours (7.1)	
Overall ratio of supervision to client hours	

7.5	<p>With regard to the supervision of your psychotherapy practice for the period of your application , please supply your Clinical Practice Logs, signed by the relevant supervisor and also:</p> <p>a) For EACH supervisor, for EACH year, an Annual Supervisor Development Review if completed at the time</p> <p style="text-align: center;">OR</p> <p>b) If a Supervisor Development Form was not completed at the time, please ask EACH supervisor to complete sections 1 to 12 of the Supervisor Assessment Report</p> <p>NOTE: One <i>current</i> supervisor will need to complete an entire Supervisor Assessment Report [see SARG & SAR]</p>
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7.6	<p>Please supply details of any therapeutic or counselling supervision you have received other than given above.</p>
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AF8: Psychotherapy Practice and Casework

8.1 Please list for EACH type of therapy (individual, couples, family, group, other) how many *hours of supervised* face to face Neurolinguistic Psychotherapy you have provided to clients covering a minimum of 450 hours of client work. Please include details of the number of clients seen for more than 25 hours and less than 25 hours.

Type of Client work	Client Hours					Number of clients	
	2012/13	2013/14	2014/15	2015/16	2016/17	Less than 25 hours	More than 25 hours
Individual 1:1							
Couples							
Family							
Group							
Other							
TOTALS							

TOTAL CLIENT HOURS FROM mm/yy to mm/yy

8.2	For each option, please give the approximate percentage or split of client hours specified above (a,b,c will each total 100%)			
a)	In private practice	%	While you were employed	%
b)	Voluntary	%	Paid	%
c)	Working Individually	%	Working as part of a team (please specify)	%
d)	Connected with an organisation (please specify)			%
e)	Working with a particular client group (please specify)			%
f)	Conducted outside of the UK			%
g)	Other (Please specify)			%

8.3 Please detail any psychotherapeutic / counselling work you have engaged in other than the above:

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8.4	Have you had more than six months off from your practice within the last two years?		
	YES/NO		If YES, please supply further information:

AF9: Development of Self-Reflexivity

9.1	Please provide written evidence of having undertaken a minimum of 25 hours of personal therapy (over the period of your NLPt training) where NLPt was the therapeutic model used.	
	Letter Reference (s)	

9.2	<p>Please provide in total a 500-1,000 word description of how you have developed as a psychotherapist as a result of your personal therapy. Your evidence should include examples of:</p> <ul style="list-style-type: none">- What you learned about the therapeutic relationship from being a client.- How you have applied that learning when working with your clients.- What difference this has made to both you and your clients.
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9.3 Development of self-reflexivity is a fundamental part of the UKCP requirements for practice as a psychotherapist. Please submit below a log of your self-development activities which should meet the minimum criteria of **225** hours and indicate briefly the benefit or the clinical application of the activity.

Activity	Date	Time / Duration	Benefit / clinical application	Certificate Ref.

AF10: Insurance

10.1	Please give details of the negligence/malpractice insurance cover you maintain in respect of your practice as an Neurolinguistic Psychotherapist. Please supply:		
	A copy of your insurance certificate if you offer private psychotherapy	Certificate Reference:	
10.2	And/or		
	A letter from your employer stating that you are covered by their insurance to practise NLPt.	Letter Reference:	
10.2	Have you made any claims on your own, your employer's, or any other negligence / malpractice insurance?		
	YES/NO		If YES, give full details.

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AF11: Other Information

11.1	Please detail any other action you have taken to develop yourself professionally. <i>(Do not duplicate information given above.)</i>
	Within the field of NLP
	Outside the field of NLP
11.2	List any relevant research or other publications you have written.
11.3	Describe any other contributions you have made to the field of NLP or psychotherapy.
11.4	Please supply any information not previously mentioned which may assist the Accrediting Team in coming to a determination.

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AF12: Application Fee & Declaration

I have submitted the application fee of **£200** to NLPtCA **Please tick**

DECLARATION

Please read the following carefully before signing and dating below.

I declare that I have personally prepared all the information in this application.

I also declare that the information supplied on this application is true and accurate and that I have not omitted or disguised any information which may be relevant to my application.

I understand that if I am in breach of any of these declarations my application or accreditation may be subsequently withdrawn.

I agree to adhere to the NLPtCA Code of Ethics, and the Code of Ethics of UKCP in all respects.

The Accrediting Team reserves the right to verify independently without referring back to the applicant *any* of the information given on this form. That is to contact any organisation, trainer, supervisor, professional body or other person referred to on this form or in any information supplied. The applicant gives the Accrediting Team full authority to carry out any kind of investigation which they consider appropriate for the purposes of verifying this application.

Note:

If after the date of your application there is or may be any material change to the information and the answers which you have supplied, you must notify the Accreditation Administrator, in writing, immediately of any such change (in particular, a change of name, address or telephone number; debilitating illness; allegation or complaint against you).

Signed.....

Date.....