

Re-Accreditation Application Form 2019 (RAAF)

Approved: January 2019



Please complete this document after reading the current Re-Accreditation Guidelines (RAG). It must be returned to the Accreditation Registrar by **31st May 2019**

RAAF1: Applicant Details

Name of applicant			
Address		Practice Address (if different)	
Tel		Tel	
Email		Email	
Year accredited by NLPtCA			

I am the applicant named above. I hereby request and authorise my supervisor* to provide the NLPtCA Accrediting Team with any information s/he considers relevant to my application for re-accreditation and registration with UKCP.

Applicant Signature : **Date:**

RAAF2: Supervisor* Eligibility & Declaration

Name of Supervisor*		Accrediting Organisation	
		Registration Body	
Address		Registration Number	
		NLPtCA Recognised Supervisor?	YES / NO <i>If NO, describe qualifications below</i>
Tel		Supervisor's* qualifications: (see RAG3)	
Email			

I declare that:

- The above supervisee has attended regular supervision/peervision with me during the 12 month period covered by the Annual Development Review.
- I am fully aware of and comply with the Codes of Ethics of NLPtCA and UKCP, and I understand that under these codes my ultimate responsibility is to the welfare of the clients of the above supervisee.
- I am fully covered by insurance as a psychotherapist and I have appropriate and adequate supervision myself.
- To the best of my knowledge and belief, I state that the above supervisee is practising *Neurolinguistic Psychotherapy* with his/her clients in a safe, effective and professional manner.
- I understand that if I have concerns about the clinical competence or ethical practice of the above supervisee, I am obliged to raise my concerns directly with them in the first instance.

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- Thereafter, if I am still uncertain about his/her clinical competence or ethical practice I must follow the procedure in the current Supervisor or Peervisor Concerns about Re-accreditation (RAG4).
- Failure to do this will be in breach of the Code of Ethics of NLPtCA, by which I am bound.

Supervisor Signature : Date:
Signatures must be handwritten

*If you receive supervision through a peervision group arrangement with three or more group members, please use the peervision version of this form, available from the website.

RAAF3: Applicant Confirmation that NLPtCA Re-Accreditation Requirements met

Name of applicant		Please tick <input checked="" type="checkbox"/>
1.	Membership and Fees I have paid to NLPtCA the fees for NLPtCA Membership & Accreditation Administration.	
2.	Ethics I confirm that I abide by the NLPtCA and UKCP Codes of Ethics.	
3 a	Supervision / Peervision I have received a minimum of one hour of face-to-face supervision / peervision per month, <i>or the equivalent</i> , between 1 April 2018 and 31 March 2019	
3 b	Year of accreditation 2015 or later At 1 April 2018, I had been accredited for less than 3 years. The percentage of supervision I received via 'remote media' (eg Skype, Face Time, phone) between 1 April 2018 and 31 March 2019 is no more than 50%	
4.	I have completed an Annual Development Review with my supervisor or peervision group.	
5.	Client Contact Hours I confirm I conducted a minimum of 50 hours of client work using <i>Neurolinguistic Psychotherapy</i> between 1 April 2018 and 31 March 2019.	
6.	Insurance I have Public Liability and Malpractice Insurance that covers me to practise Neurolinguistic Psychotherapy / all forms of psychotherapy which I practise and which is valid at the date of this application.	
7.	Continuing Professional Development (CPD) I have undertaken at least 20 hours of CPD, in accordance with the CPD policy, between 1 April 2018 and 31 March 2019, which has a clear and demonstrable application to my psychotherapy practice. I am maintaining my annual records of CPD to demonstrate 250 hours over a 5-year rolling period.	
8.a	Complaints / Criminal Charges I confirm that no criminal charge has been brought against me; nor has a complaint been made about me to any other UKCP section or professional body since my last	

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	application. (If it has, full details must be provided)	
8.b	I confirm that I will inform the Accreditation Registrar <i>immediately</i> should a criminal charge be brought against me; or a complaint be made about me to any other UKCP section or professional body	
9	Changes I confirm that any change to my professional circumstances or contact details have been communicated by email or in writing to both the Accreditation Registrar <i>and</i> to UKCP.	

I 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.

Applicant Signature : **Date:**

I have conducted an Annual Development Review and as far as practical I have verified that the above declaration by the applicant is accurate and fair. As a result I am satisfied that the applicant has fulfilled all the Post-Accreditation Requirements specified in the current Re-Accreditation Guidelines **RAG** and that the results of the review were recorded as suggested in the Annual Development Review **ADR** or in an equivalent format.

Supervisor Signature : **Date:**

Signatures must be handwritten

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