

SABBATICALS & ELECTIVE LAPSE OF REGISTRATION APPLICATION FORM (SELRAF)

Approved September 2019



Sabbatical and/or Elective Lapse of Accreditation Application Form Part 1

Name of applicant			
Address		Practice Address (if different)	
Tel		Tel	
Email		Email	
UKCP Registration Number			
Date of initial Registration			
NLPTCA membership number			

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

Application for	(Select)	Start date	End date	Duration (months)
Sabbatical				
Elective lapse of UKCP Registration				
Reason for Break in Practice				
Do CPD exemptions apply?	Y/N	CPD exemption applicable		

Specific Quantitative requirements applicable to Re-accreditation year
Please refer to NLPTCA Sabbaticals and Elective Lapse (**SELR**) for guidelines.

Year <i>Eg 2019/20</i>	Supervision Hours	Client Contact Hours	CPD Hours	CPD rolling 5 year requirement

Application agreed by:

Applicant Signature:	Date:
Supervisor* Signature : <i>* or Peervisor</i>	Date: <i>Signatures must be handwritten</i>

Application approved by Accreditation Registrar:

Registrar Signature :	Date:
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Sabbatical and/or Elective Lapse of Accreditation Application Form Part 2

Before completing this form both Supervisor* and Applicant must review the specific and authorised requirements that apply to this Reaccreditation or Restoration to Registration.

This form must be returned to the Accreditation Registrar by **31st May**

Name of applicant			
Address		Practice Address (if different)	
Tel		Tel	
Email		Email	
UKCP Registration Number			
Date of initial Registration			
NLPtCA membership number			

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 /or restoration to registration with UKCP.

Applicant Signature : **Date:**

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

I declare that:

- The above supervisee has attended 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.

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- 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.
- 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:

** or Peervisor*

Signatures must be handwritten

CONFIRMATION THAT SPECIFIC QUANTITATIVE REQUIREMENTS HAVE BEEN MET for the year 1st April 20██ to 31st March 20██ (*Requirements were documented and authorised in part 1 of this form*)

Name of applicant		Please tick <input checked="" type="checkbox"/>
Supervision / Peervision I confirm that I have met the required hours of supervision for the above period and, if I have been accredited for less than 3 years, my percentage of supervision via 'remote media' (eg Skype, Face Time, phone) for the above period was no more than 50%	REQUIREMENT ████	
Client Contact Hours I confirm I have met the required hours of client work, using <i>Neurolinguistic Psychotherapy</i> , for the above period	REQUIREMENT ████	
Continuing Professional Development (CPD) I confirm that I have undertaken the required hours of CPD, in accordance with the CPD policy, which has a clear and demonstrable application to my psychotherapy practice, for the above period. I am maintaining my annual records of CPD to demonstrate my required hours over a 5-year rolling period	REQUIREMENT FOR PERIOD ████ 5 year rolling requirement ████	

CONFIRMATION THAT REMAINING NLPTCA RE-ACCREDITATION REQUIREMENTS MET for the year 1st April 20██ to 31st March 20██

Name of applicant		Please tick <input checked="" type="checkbox"/>
Membership and Fees I have paid to NLPTCA the fees for <ul style="list-style-type: none"> • NLPTCA Membership • Accreditation Administration / Restoration to Registration (as applicable) 		
Ethics I confirm that I abide by the NLPTCA and UKCP Codes of Ethics.		

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I have completed an Annual Development Review with my supervisor or peervision group.	
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.	
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 application. (If it has, full details must be provided)	
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	
Disciplinary Matters I confirm that no disciplinary action has been brought against me since my last application. (If it has, full details must be provided)	
Registration with another Organisational Member or College within UKCP I confirm that I am not registered with another Organisational member of College within UKCP.	
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 reviewed the specific conditions detailed in Part 1 of this form and 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**
- The applicant has followed the guidelines for Sabbatical and Elective Lapse of Registration **SELR**
- The results of the review were recorded as suggested in the Annual Development Review **ADR** or in an equivalent format.

Supervisor* Signature : **Date:**
* or Peervisor *Signatures must be handwritten*

I confirm that I have declared any complaints, disciplinary matters (lapsed, current and new) with all Professional bodies in writing to the Accreditation Registrar.

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I confirm that I have declared registration with any other Organisational Member or College within UKCP in writing to the Accreditation Registrar.

I understand that NLPtCA and /or UKCP are entitled to undertake additional investigations or enquiries as required to evidence fitness to practice.

I confirm that I have paid the NLPtCA administrative fee for restoration to registration and /or NLPtCA re-accreditation fee as applicable.

Applicant Signature : **Date:**