

Re-Accreditation Application Form 2017 (RAAF)

Final version: 22nd February 2017

Please complete this document after reading the current Re-Accreditation Guidelines (RAG). It must be returned to the Accreditation Registrar by **31st May 2017**

RAAF1: Applicant Details

Name of applicant			
Address		Practice Address (if different)	
Tel		Tel	
Email		Email	

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.

Signed

Dated

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.
- 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.

Signed by supervisor*:

Date:

*or each peervision group member

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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.	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 2016 and 31 March 2017 and the percentage of supervision received via telephone / Skype is no more than 40%.	
	I have completed an Annual Development Review with my supervisor or peervision group.	
4.	Client Contact Hours I confirm I conducted a minimum of 100 hours of client work using <i>Neurolinguistic Psychotherapy</i> between 1 April 2016 and 31 March 2017.	
	I acknowledge that from 2018, a DBS certificate is required for all psychotherapeutic work to meet UKCP re-accreditation standards of practice.	YES / NO Notes:
5.	Insurance I have Public Liability and Malpractice Insurance that covers me to practise Neurolinguistic Psychotherapy and which is valid at the date of this application.	
	My public liability and malpractice insurance covers me for all forms of psychotherapy which I practise	YES / NO Notes:
6.	Continuing Professional Development (CPD) I have undertaken at least 20 hours of CPD, in accordance with the CPD policy, between 1 April 2016 and 31 March 2017, 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.	
7.	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	
8.	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.

Signed by applicant:

Date:

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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 RAG and that the results of the review were recorded as suggested in ADR or in an equivalent format.

Signed by supervisor:
(or each peervision group member)

Date: