**RE-ACCREDITATION APPLICATION FORM (RAAF)**

**FOR A NLPtCA ACCREDITED and UKCP REGISTERED PSYCHOTHERAPIST**

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| Name of applicant: |  |
| Period covered by this RAAF:  |  |

*Please complete this document after reading the current Re-Accreditation Guidelines (RAG).*

*It must be returned to the Accreditation Registrar by 31st May.*

*Retain this document for a minimum of five years.*

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| RAAF1: Applicant Details |

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

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| RAAF2.1: Supervisor/Peervisor Declaration |

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 *Neuro-Linguistic 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.

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| RAAF2.2: Supervisor/Peervisor Details |

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| **Name of Supervisor / Peervisor** |  | **Accrediting Organisation** |  |
| **Registration Body** |  |
| **Address**  |  | **Registration Number** |  |
| **NLPtCA Recognised Supervisor?** | YES / NO*If NO, describe qualifications below* |
| **Tel** |  | **Supervisor’s\* qualifications:** (see RAG3) |
| **Email** |  |

## Additional peervision group member details (as appropriate)

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| **Name of Supervisor / Peervisor** |  | **Accrediting Organisation** |  |
| **Registration Body** |  |
| **Address**  |  | **Registration Number** |  |
| **NLPtCA Recognised Supervisor?** | YES / NO*If NO, describe qualifications below* |
| **Tel** |  | **Supervisor’s\* qualifications:** (see RAG3) |
| **Email** |  |

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| --- | --- | --- | --- |
| **Name of Supervisor / Peervisor** |  | **Accrediting Organisation** |  |
| **Registration Body** |  |
| **Address**  |  | **Registration Number** |  |
| **NLPtCA Recognised Supervisor?** | YES / NO*If NO, describe qualifications below* |
| **Tel** |  | **Supervisor’s\* qualifications:** (see RAG3) |
| **Email** |  |

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| --- | --- | --- | --- |
| **Name of Supervisor / Peervisor** |  | **Accrediting Organisation** |  |
| **Registration Body** |  |
| **Address**  |  | **Registration Number** |  |
| **NLPtCA Recognised Supervisor?** | YES / NO*If NO, describe qualifications below* |
| **Tel** |  | **Supervisor’s\* qualifications:** (see RAG3) |
| **Email** |  |

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| --- | --- | --- | --- |
| **Name of Supervisor / Peervisor** |  | **Accrediting Organisation** |  |
| **Registration Body** |  |
| **Address**  |  | **Registration Number** |  |
| **NLPtCA Recognised Supervisor?** | YES / NO*If NO, describe qualifications below* |
| **Tel** |  | **Supervisor’s\* qualifications:** (see RAG3) |
| **Email** |  |

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| RAAF3: Applicant Confirmation that NLPtCA Re-Accreditation Requirements met |

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| **Name of applicant** |  | Please tick🗹 |
| 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, *or the equivalent*, between 1 April and 31 March of the past year |   |
| 3 b | For Psychotherapists accredited for less than three years the percentage of supervision received via ‘remote media’ (eg Skype, Face Time, phone) 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 *Neuro-Linguistic Psychotherapy* between 1 April 2021 and 31 March of the past year. |  |
| 6. | **Insurance**I have Public Liability and Malpractice Insurance that covers me to practise Neuro-Linguistic 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 2021 and 31 March, 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 application. (If it has, full details must be provided). |  |
| 8.b | I confirm that I will inform the Accreditation Registrar *immediately* 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 *and* to UKCP. |  |

**Applicant Signature**

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

I declare that the information supplied on this re-accreditation 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: ……………………………………….**

**Supervisor/Peervisor Signature**

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 NLPtCA 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/peervisor Signature: ……………………………………………… Date: ………………………………….**

## Additional peervision group signatures (as appropriate)

**Peervisor Signature: ……………………………………………………………… Date: ………………………………….**

**Peervisor Signature: ……………………………………………………………… Date: ………………………………….**

**Peervisor Signature: ……………………………………………………………… Date: ………………………………….**

**Peervisor Signature: ……………………………………………………………… Date: ………………………………….**