

**Application for UKCP Accreditation – Stage One**

This application is for accreditation as an **individual adult Psychoanalytic Psychotherapist**

All fields must be completed

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| Personal details and contact information |
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| Last name |  | First name(s) |  | Date of Birth |
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| Postal address:  |  | Postcode |
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|  |  |  |
| Main contact number |  | Alternative contact number |  | Email address |
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| University graduate and post graduate degrees  |
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| Please provide in chronological order the following details in respect of all trainings you believe to be relevant to your application for accreditation  |
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| **University**  |  | **Course title/award** |  | **Course start date** |  | **Graduation date** |
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| **Candidates should include relevant graduate and post-graduate degrees** **Copies of degree certificates must be attached to your application. Unevidenced qualifications cannot be considered.** |
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| Memberships of professional associations |
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| **Organisation name** |  | **Dates of membership** |
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| Current Occupation(s) |
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| Please provide details of your main and any other current employment and/or occupation |
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| Psychotherapy training  |
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| You should use this section to describe the structure and components of the theoretical content of each element of your psychotherapy training in accordance with FiP’s Criteria for Accreditation. It may be helpful to provide copies of relevant syllabuses. To aid assessment please present your training chronologically including commencement and qualification dates. Please include any ongoing professional training with anticipated end dates.Please note we cannot accept inclusion in your portfolio of training that is not capable of independent verification. Please do not include training that is not relevant in the context of the required Psychoanalytic knowledge and experience as it does not facilitate the review process. Copies of all certificates should be included with your application |
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| **Training institution and course title** |  | **Start date** |  | **Graduation date** |
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| Individual personal psychotherapy |
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| Please give details of each continuous period of individual therapy including start and end dates and the frequency of sessions. Please also provide name, contact email/address details and the qualification of each therapist. |
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| **Start date** |  | **End date** |  | **Frequency of sessions** |  | **Therapists name, qualifications** **and contact details** |
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| Clinical supervision |
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| Applicants should show clearly how they have met FiP’s Criteria for Accreditation with regard to the nature and frequency of **individual supervision** including the qualification requirements for supervisors. Applicants should make clear how they have met the specific requirement for weekly supervision throughout the duration of the clinical work they wish to have considered as qualifying training cases. |
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| **Start date** |  | **End date** |  | **Frequency of supervision** |  | **Supervisor’s name. qualifications****and contact details** |
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| Clinical and professional experience |
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| For each element of professional experience please provide clear information regarding the nature, frequency and duration of the work. The number of clinical hours worked in each element and in total should be given. Applicants should include for each element of professional experience details of the supervision they received for the work. Particular attention should be paid to making clear the details and supervisory arrangements in respect of work they wish to have considered as qualifying training cases. |
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| **Start/end dates** |  | **Organisation/role** |  | **Frequency of work** |  | **Duration of work** |  | **Supervision****Type** **Ind./group** |  | **Total clinical hours** |
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| Clinical training cases |
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| Please provide information in respect of the supervised training cases you wish to have considered in the context of FiP’s Criteria for Accreditation. Please provide details in each case of how the work was supervised and of any personal therapy contemporaneous with the work. |
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| Case 1: Minimum of twice weekly for 2 years |
| Case 2: Minimum of once weekly for 18 months |
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| Any other information you would like us to consider |
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Applicant Statement

I confirm that the information I have provided is correct as of the date below. I also confirm payment of the £150 Stage One Application fee (£50 of which is non-refundable)

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| --- | --- | --- |
| Signed |  | Dated |

Please return this completed form and any supporting documents to administrator@fip.org.uk, or to

FiP Administrator, 66 Smirrells Road, Hall Green, Birmingham B28 0LB. Telephone 07984 348318

Payment

Payment can be made via bank transfer to: Santander, Sort Code: 09-06-66, Account: 41352982 or by PayPal to Administrator@fip.org.uk An invoice can be arranged through PayPal to make it easier to pay via this route. Please let the administrator know if you require this.

Next Steps

Your submitted application will be checked for completeness (including required certificates etc). Only fully completed applications will be passed to our Applications team who will perform a detailed review of your submission.

*The time taken to complete the accreditation process is highly dependent on the quality and completeness of application submissions. Timings are also dependent on the timely receipt of responses from referees and on the timing of applications sub-committee and board meetings necessary to examine and ratify each application. Indicative timings for stage one of the process are 4-6 weeks.*

**Data Protection Statement**

The information which you give when completing your application will be used in accordance with the General Data Protection Regulations for the sole purpose of processing and maintaining your membership of FiP and communicating relevant information to you. Your information will not be shared with any third parties. It will be kept securely and for no longer than necessary. Submission of this form indicates your agreement to these Data Protection terms.