



Annual Membership and CPD Form

Completing Your Forms

The form we ask you to fill in serves three purposes:

1. The application for Annual IPSS Membership
2. The Annual Registration on the UKCP Register
3. The Annual Submission of member's CPD record

Please complete all fields as requested and return to info@ipss-psychotherapy.co.uk by the **30th of June 2020** at the latest.

Payment of the annual membership fee of £150

Direct Bank Transfer

Use Sort Code: 09-07-21 Account No: 71533283 and quote your surname and first initial as the reference. You can then email me the forms, either as scanned pdf's or as typed word documents.

Cheque

Payable to 'IPSS Members Account' and send with your fully completed forms to Paola Turner, IPSS Administrator, 77 Shalimar Gardens, London W3 9JG. An email to info@ipss-psychotherapy.co.uk confirming that you have done this would help us keep track (if you ever get a 'bounce back' (undeliverable), you can try my personal email which is paola_turner@hotmail.com).

Instalments

Payment can be made by 2 equal instalments of £75 if preferred. The first to be received by 30th Sept. 2019 and the second to be received by 29th Feb. 2020. Please note that a non-payment of fees may result in a cancellation of your membership.

Guidelines for Members' CPD Form

Please complete in full. The numbers of hours should be stated in figures.

As set out in the attached CPD Policy Statement (see Appendix 3.1.), IPSS expects you to complete at least 250 hours of CPD over a five-year period with a minimum of 30 hours on average during any one year; this is in addition to your clinical practice. This can be composed of a balance of activities chosen by you from the areas named. These guidelines are designed to help you to complete the Record of Continuing Professional Development. In addition to CPD hours IPSS requires that each member undertakes a minimum of 45 clinical hours per year.



Personal Therapy

You may want to record in this section simple facts pertaining to your own therapy, but you need not do so if you feel it should be private. In any event only record basic facts, e.g. whether therapy is ongoing, approach, frequency. The name of your therapist is not needed.

Supervision

This is the foundation of professional development. It is a requirement that all members have supervision appropriate to their needs. The supervisor has to abide to the UKCP requirements. This is outlined in the IPSS Supervision Statement (July 2019).

Conferences / Workshops / Courses / Reading Groups and Other Training

IPSS expects some attendance at wider public events over each year – as guide we suggest spending at least two days at conferences or workshops that have a clear relevance to psychotherapy. Please give dates of courses. Please keep your certificates for your courses.

Involvement in Peer Group

A peer group consists of a minimum of three UKCP registered psychotherapists. We recommend that all members may form such a group and meet at least once a year to share experiences of CPD.

Involvement with IPSS

IPSS recommends that members attend the AGM and at least one Forum each year as a minimum. Participation in IPSS committees is encouraged.



1. Annual Membership Form and Annual Registration

This form only needs to be filled in once. In subsequent years you only need to update those boxes where changes have occurred. This information is kept under the Data Protection Law (See Data Protection Statement – IPSS website)

I wish to apply for/renew membership of IPSS for the 2020/2021 year.

1. Type of Membership (Please tick)

I wish to apply/renew as Full Retired Overseas Honorary Member
 Accreditation Candidate Member (no fee)

2. Personal Details (for IPSS communication and IPSS Member's Register which is published in members' area of website, but not in public domain)

Name:
Address:
Post Code:
Phone:
Mobile:
Email:

3. Professional Liability Insurance

Please give details of Insurer and Policy Number:

Insurer:
Policy Number:
If you are covered by the insurance arrangements of an institution, e.g. hospital, please give the name and address:

4. Professional Emergency Contact (only applicable for active members)

Please give contact details of a colleague or other professional who has agreed to take responsibility to inform clients, supervisees, IPSS and other professional bodies in the event of death, illness or expulsion.

Note: This may not be a spouse/partner or close relative.

Name:



Address:
Postcode:
Contact Number(s):
Professional Position:
Other Information:

5. Policies and Codes of Practice

With my signature I confirm that I have read, understand and undertake to abide by the following policies and guidelines, which all can be found in the member's area of the IPSS website (<http://ipss-psychotherapy.co.uk/>)

- *IPSS Continuing Professional Development: Policy Statement (Revised February 2019)*
- *IPSS Code of Ethical Practice in Psychotherapy and Professional Conduct (Oct. 2019 – redraft) including appendix 1 and appendix 2*
- *UKCP-Code -of-Ethics-and-Professional-Practice-2019*
- *IPSS Ethics-Agreement Declaration*
- *UKCP-Ethical-Principles-and-Code-of-Professional-Conduct-2009*
- *IPSS Supervision Statement (July 2019)*
- *CPJA Supervision Statement (2013)*
- *UKCP Supervision Statement (2018)*
- *Career Breaks and Sabbatical Policy (amended 2019)*
- *UKCP Policy Restoration-to-the-register*
- *IPSS Policy Statement on Complaints against a Psychotherapist*
- *UKCP Guidance-for-therapist-about-complaints-Leaflet*
- *IPSS Equalities and Diversity Policy (Nov 2019) UKCP's Diversity and Equalities Statement*
- *IPSS Grievance Guidelines (Nov 2019)*

6. Membership Payment

Please indicate your chosen payment method.

<i>IPSS UK Membership £150</i>	Please tick
I will pay by Direct Bank Transfer	<input type="checkbox"/>
I enclose a cheque payable to IPSS Members Account	<input type="checkbox"/>



I wish to pay by 2 instalments	<input type="checkbox"/>
<i>IPSS Overseas Membership £75</i>	
I enclose a cheque payable to IPSS Members Account	<input type="checkbox"/>
I will pay by Direct Bank Transfer	<input type="checkbox"/>
<i>IPSS Retired Membership £20</i>	
I enclose a cheque payable to IPSS Members Account	<input type="checkbox"/>
I will pay by Direct Bank Transfer	<input type="checkbox"/>

7. Year of Qualification/Accreditation or latest Re-Accreditation

Year of Qualification/Accreditation or latest Re-Accreditation:

8. Supervision

Do you offer supervision?

Yes No

Are you registered with UKCP as a supervisor?

(Please note that you can practise as a supervisor without formal supervision qualification or being on the UKCP Register of Supervisors. However, membership of UKCP and CPJA through IPSS requires of members in their practice of supervision that they are conversant with and take account of the UKCP and CPJA standards of education and training for supervisors.)

Yes No

9. Language(s)

If you offer therapy in any language other than English, please state which language(s):

Signed:

Date:

10. Website Entry

This information is for our website. If you would like to be listed on the webpage "IPSS Therapists" please fill in only the information you would like us to publish on the website.

Website Entry 1



Name:
Location 1 and Postcode:
Contact Number(s):
Email:
Website:

Website Entry 2
Name:
Location 1 and Postcode:
Contact Number(s):
Email:
Website:

With my signature I confirm that I wish to have these website entries published in the public area of the IPSS website.

Signed:

Date:



CPD-Form

Record of Continuing Professional Development for the period from 1st June 2019 to 31st May 2020

Name:
<i>Personal Therapy</i>
Information you deem relevant (if any):
Number of Hours:
1. <i>Clinical Practice</i>
Approx. Number of Hours/Year
2. <i>Complaints</i>
Have you had any complaints against you over the last year? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please enter details:

3. *CPD Hours*

<i>Supervision</i>	
Name of main Supervisor (If peer supervision group, name at least one member and one contact detail):	
Contact Details:	
If you are currently not in supervision, please indicate why:	
Modality of supervision (group, individual)	<i>Hours/Year</i>
<i>Attendance at Psychotherapy Workshops, Conferences, Courses, Webinars:</i> Please give details. All certificates of attendance should be kept as the UKCP stipulates that all activities have to be verifiable.	
<i>Name, Date and Location if applicable</i>	<i>Hours</i>



	<i>Total of Hours:</i>
<i>Reading: Articles, Books, etc.</i>	
<i>Name</i>	<i>Hours</i>
	<i>Total of Hours:</i>
<i>Involvement within IPSS:</i>	
	<i>Hours:</i>
<i>Any other training or activities related to self-care and your personal development you deem relevant: Please do not submit more than 10 hours here.</i>	
<i>Activity</i>	<i>Hours</i>
	<i>Total of Hours:</i>
<i>Total Hours of CPD 1st June 2019 – 31st May 2020 :</i>	<i>Total of CPD Hours:</i>



4. *Please evaluate and reflect on the use of CPD you undertook during this period in more detail and how it relates to your clinical practice. We suggest that between **100 and max. 200 words** would be suitable.*

Signed:

Date: