

Annual Membership Form and Annual Registration

Please note that this information is kept under the Data Protection Law (See IPSS Policy [https://www.ipss-psychotherapy.co.uk/phdi/p1.nsf/imgpages/9308_DataProtectionPolicy.pdf/\\$file/DataProtectionPolicy.pdf](https://www.ipss-psychotherapy.co.uk/phdi/p1.nsf/imgpages/9308_DataProtectionPolicy.pdf/$file/DataProtectionPolicy.pdf))

The forms we ask you to fill in serve several purposes:

- The Application for Annual IPSS Membership
- The Annual Registration on the UKCP Register
- The Annual Submission of member's CPD record (Separate Form)
- With our IPSS Diversity and Equality Monitoring Form we seek to check our promotion of IPSS and UKCP's policies and guidelines. (Separate Form)
- Monitoring UKCP Supervisor Directory

Please complete all fields as requested and return to info@ipss-psychotherapy.co.uk by the **30th June 2023** at the latest.

1. Type of Membership and Payment

I wish to apply for/renew membership of IPSS for the 2023/2024 year.

I wish to apply/renew as

- Full
- Retired
- Overseas
- Honorary Member
- Accreditation Candidate Member (no fee)

Please indicate your chosen payment method.

<i>IPSS UK Membership £180</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 £85</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 £25</i>	
I enclose a cheque payable to IPSS Members Account	<input type="checkbox"/>

I will pay by Direct Bank Transfer	<input type="checkbox"/>
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Payment by

- Direct Bank Transfer (preferred method)

Account No: 71533283

Sort Code: 09-07-21

Reference: Your Surname and First Initial

- Cheque

Payable to 'IPSS Members Account'.

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.

- Instalments

Payment can be made by 2 equal instalments of £90 if preferred.

First instalment due by 30th August 2023

Second instalment due by 28th of February 2024

Please note that a non-payment of fees may result in a cancellation of your membership.

2. Personal Details (for internal IPSS communication only)

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

3. Professional Liability Insurance (only applicable for active members)

If you provide supervision, please make sure that your insurance covers this work.

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

I confirm that I have **read, understood** and **will abide by** the policies and guidelines as set out in our Members Manual on

<https://www.ipss-psychotherapy.co.uk/phdi/p1.nsf/supppages/9308?opendocument&part=16>.

Please ask for a copy of these policies if you are unable to access these files online.

6. Year of your latest Re-Accreditation or, for Newer Members, Year of Qualification/Accreditation

Year of Qualification/Accreditation or latest Re-Accreditation:

7. Supervision

Do you offer supervision? (Please note that you can practise as a supervisor without formal supervision qualification or being on the UKCP Register of Supervisors.) Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your insurance cover supervision work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a registered UKCP supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a Member of BAPPS? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> By ticking this box, I confirm that I keep up to date with the developments in the field of supervision by undertaking appropriate continuing professional development. I provide some evidence about this on my CPD form.

By ticking this box, I abide by the UKCP and CPJA standards of Education and Training for Supervisors.
<https://www.psychotherapy.org.uk/media/030lj3jw/ukcp-adult-standards-of-education-and-training-2017.pdf>
<https://www.psychotherapy.org.uk/media/d1edfvya/cpja-standards-of-education-and-training-2018.pdf>

8. Website Entry (only applicable for active members)

Please check your details on

<https://www.ipss-psychotherapy.co.uk/phdi/p1.nsf/supppages/9308?opendocument&part=14> and test your mail address and weblink on the website. If anything has changed or is not working, please get in touch with Paola. Please provide only the information you would like to have published on our website.

Website Entry 1
Name:
Location 1 and Postcode:
Contact Number(s):
Email:
Website:
Languages spoken:
Supervision provided? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on the UKCP Supervision Directory? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of BAPPS? Yes <input type="checkbox"/> No <input type="checkbox"/>

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

9. Signature

With my signature I confirm that the information provided in this form is accurate, correct and complete. I give permission that the information I provided under “Website Entry” can be published on the IPSS website.

Signed	Date
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