

British Association for Sexual and Relationship Therapy  
Registered Charity No: 1101961  
PO Box 13686, London, SW20 9ZH  
Tel/Fax: 0208 543 2707 Email: info@basrt.org.uk Website: www.basrt.org.uk

## Application Form for Accreditation – Category One

For general members who have completed a two-year BASRT approved course.

Applicants are not normally eligible for UKCP Registration

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### SECTION A

#### Personal Details

#### BLOCK CAPITALS PLEASE

Membership No: ..... Title: .....

Surname: ..... Forename(s) .....

Date of Birth: .....

Address: .....  
.....  
.....  
.....

Tel No (day): ..... Tel No (eve): .....

Fax No: ..... Email: .....

Please provide the name of the BASRT approved course you have completed:  
.....

Following successful accreditation, state the name you would like recorded on your certificate:  
.....





## **SECTION C**

### The Criteria

#### **PLEASE TICK THE APPROPRIATE BOX**

1.	Have you been a full general member of BASRT for more than 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you completed a pre-accreditation period of at least 200 hours of treatment and assessment (no more than 25%) in a minimum of one year, maximum of two years?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you enclosed evidence of successful completion of a BASRT approved course?	<input type="checkbox"/>	<input type="checkbox"/>
	or		
	Have you enclosed a statement from your Course Director confirming the completion of Basic Training and the commencement of the pre-accreditation period?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you completed at least 100 hours of assessment and treatment in the year prior to your application for accreditation?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you received supervision of the 200 hours pre-accreditation period according to <a href="#">BASRT Guidelines for Supervision</a> at the ratio of six hours therapy to one hour of supervision? Not less than 1½ hours a month.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has your supervision during your pre-accreditation period been with a BASRT Accredited Supervisor, BASRT Accredited Member, or other suitably qualified supervisor (see BASRT Guidelines for Supervisors).	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you completed a minimum of 20 cases (excluding assessment only) during the Approved course and pre-accreditation period?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Of the 20 cases, were there at least 10 couples during the Approved course and pre-accreditation period?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has your clinical practice been continuous during the 12 months prior to application?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you completed the BASRT <a href="#">log</a> to document the sexual and relationship clinical work carried out in the six months prior to this application?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has the log been signed by the Supervisor who has worked with you for the period covered by the log?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Have you provided the name and address of your current supervisor(s), past supervisor or professional colleague?	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 13. Have you studied the <a href="#">BASRT Code of Ethics and Principles of Good Practice for Members</a> with your Supervisor?   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 14. Have you undertaken a minimum of 16 hours CPD in the previous year? 50% of CPD needs to be sexual and relationship work. Please provide proof of CPD with your application. Do not send original documents. | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 15. Have you provided a curriculum vitae?   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 16. Have you provided proof of insurance cover?   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 17. Can you confirm you have not been convicted of any sexual offence?  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |

Please return the application form and THREE photocopies to BASRT, PO Box 13686, London, SW20 9ZH, enclosing:

- (a) Curriculum Vitae and three photocopies.
- (b) Log Book and three photocopies.
- (c) Four photocopies of documentation confirming successful completion of the BASRT Accredited Training you have undergone.
- (d) The processing fee of £100, cheques should be made payable to BASRT and payment must be in Pounds Sterling.
- (e) Four photocopies of your up-to-date insurance indemnity certificate or equivalent. For NHS employees, send proof to confirm that NHS work is covered - this may be in the form of a letter from your line manager. If working in both the private sector and NHS, provide evidence of cover for both areas of work.
- (f) Four photocopies of current BASRT subscription receipt.

**Please collate your documents into FOUR complete application packs before sending.**  
**Please do not bind the packs.**

I DECLARE that I have never been convicted of any sexual offence.

I CONFIRM I am a current member of BASRT and will remain so for the duration of my Accreditation.

I CONFIRM my commitment to maintain ongoing supervision, continued professional development, and annual audit for the duration of the Accreditation or until such time as I discontinue clinical practice and I undertake to notify the Association accordingly and to return my certificate.

I CONFIRM that all the above statements are true and I agree to abide by the Governing Documents of BASRT.

I CONFIRM I have not been debarred from another therapy organisation.

Signature: .....

Date: .....