

Application Form for Accreditation – Category One

For general members who have completed a four-year BASRT approved course at Masters Level.

Applicants have access to UKCP Registration.

SECTION A

Personal Details

BLOCK CAPITALS PLEASE

Membership No: Title:

Surname: Forename(s)

Date of Birth:

Address:
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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:
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Do you wish to be registered with UKCP? Yes No

Section B

Training and Supervision

1. Date you began your BASRT approved course:
2. Date you completed your BASRT approved course (either the date on your certificate or the date of a letter sent by the course Director saying you have fulfilled all the requirements of the course):
3. How many hours of assessment have you completed in the last year (max of 25% initial assessments):
4. How many hours of treatment during previous year:
5. Name and address of supervisor(s) from whom a reference will be sought. [Two references are required. If current supervisor is the same as course supervisor please give name and address of a professional colleague who knows your work.]

Supervisor One (current):

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Supervisor Two (past):

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Name and address of professional colleague from whom a reference will be sought:

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SECTION C

The Criteria

PLEASE TICK THE APPROPRIATE BOX

- | | | | |
|-----|---|-----|----|
| 1. | Have you been a full general member of BASRT for more than 12 months? | Yes | No |
| 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? | Yes | No |
| 3. | Have you enclosed evidence of successful completion of a BASRT approved course? | Yes | No |
| 4. | Have you completed at least 100 hours of assessment and treatment in the year prior to your application for accreditation? | Yes | No |
| 5. | Have you received supervision of the 200 hours pre-accreditation period according to BASRT Guidelines for Supervision at the ratio of six hours therapy to one hour of supervision? Not less than 1½ hours a month. | Yes | No |
| 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). | Yes | No |
| 7. | Have you completed a minimum of 20 cases (excluding assessment only) during the Approved course and pre-accreditation period? | Yes | No |
| 8. | Of the 20 cases, were there at least 10 couples during the Approved course and pre-accreditation period? | Yes | No |
| 9. | Has your clinical practice been continuous in the 12 months prior to applying for accreditation? | Yes | No |
| 10. | Have you completed the BASRT log to document the sexual and relationship clinical work carried out in the six months prior to this application? | Yes | No |
| 11. | Has the log been signed by the Supervisor who has worked with you for the period covered by the log? | Yes | No |
| 12. | Have you provided the name and address of your current supervisor(s), past supervisor or professional colleague? | Yes | No |
| 13. | Have you studied the BASRT Code of Ethics and Principles of Good Practice for Members with your Supervisor? | Yes | 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. | Yes | No |

- (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: