

## Application Form for UKCP Registration – Category Three

For accredited members who have completed a two-year BASRT approved course and a non-BASRT course at a minimum of Masters Level who wish to be considered for UKCP Registration.

---

### SECTION A

#### BLOCK CAPITALS PLEASE

Membership Number: .....

Surname: .....

Forename(s): .....

Title: .....

Date of Birth: .....

Address: .....

.....

.....

.....

Telephone Number: .....

Mobile: .....

Email: .....

Date of BASRT Accreditation: .....

**SECTION B**

1. Please give details of all training in Sexual and Relationship Therapy with dates, level of award, credits etc (criteria 1 and 3).

Course Title:

Institution:

Dates:

Award:

Number of credits:

Course Title:

Institution:

Dates:

Award:

Number of credits:

Course Title:

Institution:

Dates:

Award:

Number of credits:

2. Names and addresses of supervisors and professional colleague from whom references will be sought (criterion 19).

Supervisor One (current):

Supervisor Two (past):

Professional Colleague:

## **SECTION C**

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

- |     |  |                          |                          |
|-----|--|--------------------------|--------------------------|
| 1.  | Please confirm you are a paid up accredited member of BASRT. (Criterion 2).  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | Have you enclosed evidence of successful completion of sexual and relationship training at UKCP qualifying level? This may be more than one course. (Criteria 3 and 4) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | Have you provided evidence of written work? (Criterion 5)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | Have you provided evidence of your research and publications? (Criterion 6)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | Have you provided evidence of clinical placements? (Criterion 7)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Have you submitted a written Case Study of 3,000 – 5,000 words? This should be typed. (Criterion 8)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Have you provided evidence of continued professional development? (Criterion 9)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Have you completed a minimum of 120 hours of supervised clinical practice during your non-BASRT training within BASRT supervision guidelines? (Criterion 10)           | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Of these 120 hours were at least 50% with more than one client in the room? (Criterion 10)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have you completed a minimum of 200 hours face-to-face sexual and relationship therapy work outside any course(s)? (Criterion 11)                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Have you provided a log to document the sexual and relationship clinical work carried out during and since completing your training? (Criterion 11)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Has the log been signed by the Supervisors who have worked with you for the period covered by the log? (Criterion 11)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Have you completed 20 cases of sexual and relationship therapy excluding assessment only since completing your formal training? (Criterion 12)                         | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 14. Of the 20 cases, were there at least 10 couples? (Criterion 12)  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 15. Have you provided on a separate sheet, details of the 50 hours personal development and experiential work you have undertaken. You should show the different activities undertaken, number of hours for each activity and briefly outline your learning and how this has influenced your clinical work. (Criterion 13) | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 16. Has your clinical practice been continuous during the 12 months prior to applying for registration? (Criterion 14)   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 17. Have you provided a curriculum vitae? (Criterion 15)   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 18. Have you provided proof of insurance cover? (Criterion 17)   | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |
| 19. Have you provided the name and address of your current supervisor(s), past supervisor(s) and a professional colleague? (Criterion 18)  | <input type="checkbox"/><br>Yes | <input type="checkbox"/><br>No |

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

- (a) Curriculum Vitae and four photocopies.
- (b) Five photocopies of documentation confirming successful completion of the Training you have undergone.
- (c) Five copies of your portfolio, including your 8,000 word dissertation and your log.
- (d) Five copies of your Case Study.
- (e) The processing fee of £175 sterling made payable to BASRT.

**Please collate your documents into FIVE 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 UKCP Registration.

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

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

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

Signature: .....

Date: .....