

THE MINSTER CENTRE

**APPLICATION FOR**

**UKCP**

**ACCREDITATION AND REGISTRATION**

**MINSTER CENTRE MA GRADUATES FORM**

1. **INTRODUCTION**

This form is to be used for the accreditation of psychotherapists who:

1. Hold an Advanced Diploma or an MA in Integrative Psychotherapy and Counselling awarded by the Minster Centre.

2. Have completed a minimum of **450 hours** of supervised client contact, with a **minimum of six clients**. The 450 hours can include training clients such as those seen during training at the Minster Centre, supervised clients seen on a placement approved by the Minster Centre and those hours of practice accumulated since obtaining your Licence to Practice / Practice Agreement.

3. Are currently seeing **a minimum of 4 clients per week**. UKCP expects newly qualified psychotherapists to average for the first five years a minimum of 4 clients per week. We recognise this may vary over time and be slightly less as you first build up your practice. If you are not yet seeing four clients per week, you will need to provide a rationale of how you are planning to build up your practice.

4. Have experience as a client of the approach of therapy that they practise; for instance, to work with a client twice weekly, the therapist must have undergone twice-weekly therapy themself. A therapist must have had professional training in the specific model they use. These are UKCP training standards.

5. Have professional insurance in place.

6. Agree to adhere to the Minster Centre Code of Ethics and Complaints Procedure.

1. **LIST OF DOCUMENTS THAT NEED TO BE ATTACHED TO THIS APPLICATION**

* Copy of your Minster Centre Advanced Diploma or MA in Integrative Psychotherapy and Counselling
* A report signed by your supervisor, attesting that they have seen the application details (please use the form attached to this application). The reporting supervisor or supervisors must have worked with the applicant for at least six months. The supervisor need not be approved by the Minster Centre. However, we do expect supervisors to be appropriately trained, qualified, registered (UKCP or BACP, please check with the Membership Co-ordinator in case your Supervisor is registered with a different professional body) and experienced.
* A copy of your current professional insurance
* A full CV covering schooling, training, all previous work experience (not just work as a psychotherapist), current work paid or unpaid full or part-time.

1. **ACCREDITATION PROCEDURE FOR MINSTER CENTRE GRADUATES**

1. The applicant may be invited for a viva discussion if there are any special circumstances or any queries arising in connection with their application.

2. The Accreditation Board will inform applicants of the results of their application. We aim to do this within one month of receipt of your application.

3. The applicant becomes a member of the Minster Centre and their name is put forward to the UKCP for Registration. The Minster Centre will be sending the approved application out to UKCP on behalf of the applicant, who will then be contacted directly by UKCP to confirm the start of their full clinical membership.

1. **THE MINSTER CENTRE AS A MEMBER OF THE UNITED KINGDOM COUNCIL FOR PSYCHOTHERAPY**

\* The Minster Centre is a member of the Humanistic and Integrative Psychotherapy College (HIPC) of the United Kingdom Council for Psychotherapy.

\* The names of full members of the Minster Centre will be put forward for registration following HIPC, UKCP, and Minster Centre regulations.

\* The Minster Centre is re-accredited for membership of the UKCP at regular

intervals (approximately every 5 years)

\* Accreditation requirements are subject to review from time to time by the Minster Centre.

**APPLICATION FOR ACCREDITATION AND UKCP REGISTRATION**

This form contains all necessary information on the requirements for accreditation.

To be returned via email with the items listed under section 2 above to:

## Leon John, Membership Manager - Leon@minstercentre.ac.uk

**1. Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Your date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Your address and contact details:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Date of Minster Centre graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Contact details you wish to appear on the UKCP register, if they are different**

**from the above:**

**Practice Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Other relevant qualifications:**
2. **Other Memberships:** List any other relevant organisations to which you belong, and the extent of your involvement

**8. Clients:**

Please give a breakdown of supervised practice hours (450 hours minimum). The 450 hours can include training clients such as those seen during the Minster Centre course and those hours of practice accumulated since obtaining your Licence to Practice / Practice Agreement or while supervised on placement. Your experience must be with a minimum of six clients. Please include your ongoing clients (min 4) as well as all your previous training and placement clients. Use the extra sheet provided at the end of this doc if you need more space.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your own client code | Start date | End date | Session length | Session frequency | Total hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total hours |  |  |  |  |  |

In case you are currently seeing fewer than 4 clients per week please state how you are planning to build up your practice in the coming months:

**Professional & Personal Development in Relation to Current Practice**

**9. Current practice.**

In 200 – 300 words, please describe the type of therapy you practise, referring to both theoretical and methodological models.

**10. Clinical Supervision** - Include all supervision (both private and at placements) you had during your training and you are currently having. Do not include Minster Centre group supervision.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Supervision | Start date | End date | Session length | Session frequency |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**11. Further development:**

What plans do you have for further professional development?

**12. Personal Psychotherapy.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Therapy | Start date | End date | Session length | Session frequency |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**13.** **Details of Supervisors since Graduation**

Please provide below the contact details of ALL supervisors who have supervised your client work since graduation, *including* the supervisor who will complete the Supervisor’s Report (attached).

|  |
| --- |
| Name:……………………………………………………Telephone:…………………………..  Address:………………………………………………………………………………………….  Memberships and Accreditations: ……………………………………………………………….  Experience and Qualifications in psychotherapy/ counselling: …………………………………  Experience and Qualifications in supervision …………………………………………………..  How long they have supervised your work ……………………………………………………..  Please give dates ………………………………………………………………………………..  Whether individual or group supervision (If group, how many members?)………………………  Frequency and duration of each session ………………………………………………………… |
| Name:……………………………………………………Telephone:……………………………  Address:………………………………………………………………………………………….  Memberships and Accreditations: ……………………………………………………………….  Experience and Qualifications in psychotherapy/ counselling: …………………………………  Experience and Qualifications in supervision …………………………………………………..  How long they have supervised your work ……………………………………………………..  Whether individual or group supervision (If group, how many members?)..……………………  Frequency and duration of each session ………………………………………………………… |
| Name:……………………………………………………..Telephone:………………………….  Address:………………………………………………………………………………………….  Memberships and Accreditations………………………………………………………………..  Experience and Qualifications in psychotherapy/ counselling…………………………………..  Experience and Qualifications in supervision……………………………………………………  How long they have supervised your work………………………………………………………  Whether individual or group supervision (If group, how many?)……………………………….  Frequency and duration of each session…………………………………………………………. |

**14**. **FURTHER EDUCATION**

List below any learning groups, courses or seminars you have attended over the past three years, excluding therapy sessions, or any regular part of the Minster course.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Content | Start  Date | End  date | Session  length | Session frequency | Organisation | Tutor/  Facilitator |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Note any other kind of professional or personal development activity since graduation:

**15. Insurance**

I am currently subscribing to and will continue to subscribe to public liability and professional indemnity insurance.

Name and address of insurance company providing cover:

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide evidence of current cover

**16. Ethics**

I will adhere to the Minster Centre Codes of Ethics and Practice. I will also follow the Minster Centre's Complaints Procedures.

If you have had any complaints against you - upheld, resolved or dropped - in relation to your professional work, you must list them below. You may append any relevant documents or commentary from yourself if you wish. We may approach you for further information.

|  |
| --- |
|  |

**17. Enclosures:**

**Please ensure that one copy of this application form is submitted complete with the supervisor's report duly signed, together with the following enclosures:**

a) A copy of your MA/Advanced Diploma in Integrative Psychotherapy and Counselling and any other relevant qualifying documents.

b) The appropriate fees (see fee structure attached).

c) Copy of your Professional Liability Insurance policy document.

d) Full education, work and training CV

e) Details of any complaints made against you.

**SIGNED: …………………………………………………………**

**DATE: …………………………………………………………….**

**THE MINSTER CENTRE**

**SUPERVISOR’S REPORT**

*The reporting supervisor or supervisors must have worked with the applicant for at least six months. The supervisor need not be approved by the Minster Centre. However, we do expect supervisors to be appropriately trained, qualified, registered and experienced.*

**SUPERVISOR’S DETAILS**

(please write clearly in **black** ink, using block capitals)

Surname First Name(s)

Address

Telephone Number

Memberships and Accreditations

Experience and Qualifications in psychotherapy/counselling

Experience and Qualifications in supervision

Main area of work

What is your theoretical model of supervision?

What code of ethics do you abide by in your work?

Have you any formal or statutory responsibility for the applicant’s work?

How long have you been supervising the applicant’s work?

From: to:

How long do you plan to continue?

Is the supervision individual and/or in a group or peer group?

If a group, how many are in it?

What is the frequency of the sessions?

Duration of each session?

If the supervision is within a group, how much time is available for the applicant personally in a month?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give your opinion of the present standard of the applicant's work.

What do you consider to be the applicant's model/approach/orientation as counsellor or psychotherapist?

Please comment on the applicant’s use of supervision.

Do you have any reservations at all about this person being accredited by The Minster Centre?

I confirm that I have read the details of the application and that they are correct to the best of my knowledge.

Supervisor's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEE STRUCTURE**

**FOR UKCP ACCREDITATION AND REGISTRATION**

**––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––––**

**New UKCP Registration and Accreditation of**

**Minster Centre Graduates: £110**

A one–off fee for reading and assessment of the application and supporting materials for Minster graduates seeking initial registration with the UKCP. Please pay by bank transfer using the details below. In the event of the application not being successful, no refunds will be made.

The Minster Centre

CAF Bank

Account number: 00022778

Sort Code: 40-52-40

Ref: your surname – UKCPRegFee

**Annual Fees**

The UKCP fee is to be paid to UKCP by the graduate directly along with approved application, fee varies depending on date of application, please refer to UKCP application guidance notes.

**UKCP will contact you to renew your UKCP membership.** We understand that UKCP send out reminders about a month before membership expiry.

Minster Centre membership is £70 per year and runs from January to December. You will not be charged for this years’ membership.

**Minster Centre Membership Details:**

Keeping your email address up-to-date with us will allow us to keep in touch with all our graduates. Once your application for UKCP registration will be approved by the Minster Centre Accreditation Board we will be sending you a “Welcome to membership” information sheet providing useful information about Minster Centre membership annual requirements, re-accreditation processes, annual CPD returns and UKCP guidelines around supervision and other professional requirement

If you need documents certifying for UKCP random audits or re-registration, the Minster Centre will continue doing this for members, for an administration fee of £25. We advise you to keep a record of all the CPD you undertake as this information will be required if you are selected for random audit.

To make sure that we stay in contact, we will ask you every year to let us know that you are receiving our e-mails. Please add [membership@minstercentre.ac.uk](mailto:membership@minstercentre.ac.uk) to your *safe senders* list to avoid the newsletters being diverted as spam.