

## 2022 Membership Application Form



**Become an Accredited Member of  
the UK's only charity for counselling,  
hypnotherapy and psychotherapy.**



The UK charity representing the interests of the general public  
and all three professions of clinical psychotherapy.

[www.nachp.org](http://www.nachp.org)

## Thank you for your interest in joining the NACHP as an Accredited Member.

The following information is designed to make the application process as straightforward as possible. Please read the guidance below before completing the Application Form.

### Enhanced DBS background check

As part of our remit to maintain the highest level of trust given to us by the general public, we carry out an Enhanced DBS (Disclosure and Barring Service) check, once known as the CRB (Criminal Records Bureau) check, on all applicants. If you are prepared to accept the NACHP conducting a DBS/CRB check on yourself please include the appropriate fee of £70 with this application and we will process the DBS check accordingly. Please note, this fee is non-refundable. If you already hold an Enhanced DBS check carried out within the last two years, you may skip the requirement for us to process a DBS check. Please submit a current copy of your DBS/CRB check with your application.



### Professional indemnity insurance\*

Having a professional indemnity policy forms a vital part of ensuring that in the event a claim is made against an NACHP Member, the clinician has the necessary cover to deal with a multitude of legal related risks. Many professional indemnity companies offer discounts on insurance if the clinician is a member of a professional organisation. All practitioners must be in possession of a valid professional indemnity insurance certificate, a copy of which must be submitted with this Application Form.



\*There are a number of insurance providers of indemnity insurance, including Howden: <https://www.howdengroup.com/uk-en/psychological-therapists-professional-indemnity-insurance>

### CNHC Register

If you are applying for NACHP Membership Accreditation as a Hypnotherapist, you will be required to register with CNHC (Complementary and Natural Healthcare Council), the independent UK regulator for Hypnotherapists. You will be sent a certificate for public display, which includes the CNHC Quality Mark, also incorporating the Professional Standards Authority accreditation mark and provides an independent indication of quality to those wishing to use complementary therapy services. You can use the CNHC Quality Mark on websites, promotional literature and elsewhere as confirmation to the public that you meet the standards set by the CNHC.



### Membership Fees

Membership Fees are payable on enrolment and thereafter each year of renewal. Annual subscriptions are renewed every May, so any joining date before or after May are charged on a pro-rata basis for the first year. Membership fees are only requested once an application has been accepted.

<b>MEMBERSHIP FEES 2020-2021</b>	
Full Member (MNACHP)	£49.99*
Associate Member (AMNACHP)	£49.99*
Student Member (no designation)	Free while studying at an NACHP recognised course

\*Membership fees are pro-rata discounts when joining before or after May. Following years are paid at the standard Membership rate set at that time. Students pay nothing until their course is completed, when the the standard Membership fee will be due.

### Applying for Accredited Membership

If you wish to apply for NACHP Membership Accreditation, please return your completed Application Form, along with any additionally-required documents, to our Burwell office. Your application will be processed by a Validation Officer and you will be informed of the NACHP's decision as soon as possible.

**PLEASE DO NOT SEND ANY MONEY FOR MEMBERSHIP UNTIL YOU HAVE BEEN INFORMED OF THE NACHP'S DECISION ON YOUR APPLICATION.**

## **MEMBERSHIP GRADES And C RIT ERIA**

To be eligible for full NACHP Accreditation Membership, you must have successfully completed a training course that meets our criteria. The requirements are listed below for each discipline. Generally, these will equate to or exceed the following minimum National Occupational Standards (NOS):

Level 5 (England and Wales)

Level 6 (Northern Ireland)

Level 7 (Scotland)

*(These are based on the UK Qualification Comparisons Chart.)*

**PLEASE nOt E: WE dO nOt ACCEPt QUALIFICAt IOnS GAIEd OnLY VIA OnLInE OR dISt AnCE LEARnInG. ALSO, WE dO nOt ACCEPt St And -ALOnE nLP QUALIFICAt IOnS WHICH MAY, OR MAY nOt, HAVE InCLUdEd ELEMENT S OF COUnSELLInG, HYPnOt HERAPY And /OR PSYCHOt HERAPY.**

**Fully Accredited Members (MnACHP) are classed as nACHP Clinical Psychotherapists, and their Certificate of Accreditation will specify in which disciplines they are qualified.**

**Accredited Member requirements for each discipline are:**

### **Counsellors**

Accredited Membership is open to those Counsellors who have:

- Completed and passed a qualifying course in Counselling to Diploma level run or validated by a University or other Higher Educational institution, undertaken 2 years supervised practice and are currently a practising Counsellor, OR
- Completed and passed a qualifying course in Counselling (usually of a minimum of 450 hours duration) that can be demonstrated to the satisfaction of the Board of Trustees to meet the training criteria of the NACHP, undertaken a minimum of 2 years supervised practice and are currently a practising Counsellor, OR
- Practised as a professional Counsellor for 7 years (preferably with some appropriate formal training) in advanced or clinical fields, e.g., specialising in eating or behavioural disorders, treating anxiety, depression, as a Counsellor in a school, College, University or Health Service setting, etc. (but not in such areas as relationship counselling) at least 2 years of which was in continuous supervised practice.

*For Counselling, supervision is only recognised when carried out by a Supervisor deemed suitable and properly qualified by the NACHP.*

### **Hypnotherapists**

Accredited Membership is open to those Hypnotherapists who have:

- Completed and passed the NACHP course and examination, undertaken a minimum of 2 years of supervision and are currently a practising Hypnotherapist, OR
- Completed and passed an NACHP validated or recognised course comprising both skills development and theory training, undertaken a minimum of 2 years supervision and are currently a practising Hypnotherapist. (For a list of these courses please see our website: <https://nachp.org/become-a-therapist>) OR
- Completed and passed a course in Hypnotherapy that can be demonstrated to the satisfaction of the Board of Trustees to meet the training criteria of the NACHP, undertaken a minimum of 2 years supervision and are currently a practising Hypnotherapist.

*For Hypnotherapy, supervision is only recognised when, in the case of Associate Members who are upgrading, it has been carried out by an NACHP qualified Supervisor, or, an NACHP recognised Supervisor on a validated course, or, in the case of practitioners not in these categories, by a Supervisor deemed suitable and properly qualified by the NACHP.*

## **Membership Grades and Criteria – continued**

### **Psychotherapists**

Accredited Membership is open to those Psychotherapists who have:

- Completed and passed a course qualifying to Practitioner level in a recognised Psychotherapeutic method that can be demonstrated to the satisfaction of the Board of Trustees to meet the training criteria of the NACHP, undertaken a minimum of 2 years supervision and are currently a practising Therapist.

*For Psychotherapy, supervision is only recognised when, in the case of Associate Members who are upgrading, it has been carried out by a NACHP qualified Supervisor, or, an NACHP recognised Supervisor on a validated course, or, in the case of practitioners not in these categories, by a Supervisor deemed suitable and properly qualified by the NACHP.*

### **Student Member – no designatory letters**

Student Membership is open to individuals pursuing a course of study in an NACHP/UKCHO accredited training programme. Student Members can log in to the Members section of the NACHP website.

### **Associate Member (AMNACHP) requirements for each discipline are:**

#### **Counsellors**

Associate Membership is open to those Counsellors who have:

- Completed and passed a course in Counselling to Diploma level run or validated by a University or other Higher Educational institution, but have not undertaken any post-graduate supervised practice. The applicant must commit to undertaking supervised practice, OR
- Completed and passed a course in Counselling (usually of a minimum of 450 hours duration) that can be demonstrated to the satisfaction of the Board of Trustees to meet the criteria of the NACHP, but have not undertaken any post-graduate supervised practice. The applicant must commit to undertaking supervised practice, OR
- Practised as a professional Counsellor for 5 years (preferably with some appropriate formal training) in advanced or clinical fields, e.g. specialising in eating or behavioural disorders, treating anxiety, depression, as a Counsellor in a school, College, University or Health Service setting, etc. (but not in such areas as relationship counselling). The applicant must commit to undertaking supervised practice.

*For Counselling, supervision is only recognised when carried out by an NACHP qualified Supervisor, the supervision period to be discretionary dependent upon the experience of each individual.*

#### **Hypnotherapists**

Associate Membership is open to those Hypnotherapists who have:

- Completed and passed the NACHP course and examination, are undergoing post-graduate supervision and are currently a practising Therapist, OR
- Completed an NACHP validated or recognised course but has not undertaken any postgraduate supervision. The applicant must commit to undertaking supervised practice, OR
- Completed and passed a course in Hypnotherapy that can be demonstrated to the satisfaction of the Board of Trustees to meet the training criteria of the NACHP, but has not undertaken any post-graduate supervision. The applicant must commit to undertaking supervised practice, OR
- Previously achieved NACHP validated status but have allowed their Membership to lapse for over 2 years. The applicant must commit to undertaking supervised practice.

#### **Psychotherapists**

Associate Membership is open to those Psychotherapists who have:

- Completed and passed a course qualifying to Practitioner level in a recognised Psychotherapeutic method that can be demonstrated to the satisfaction of the Board of Trustees to meet the training criteria of the NACHP, but has not undertaken any post-graduate Supervision. The applicant must commit to undertaking supervised practice, OR
- Provided evidence of a combination of formal training (non-NACHP validated) and a minimum of 5 years clinical experience. The applicant must commit to undertaking supervised practice. Applicants must be prepared to produce certificates, details of courses attended, written evidence of Supervision, references or any other material requested by the NACHP to support their application.



## APPLICATION FOR NACHP ACCREDITED MEMBERSHIP

Please complete this form clearly and fully in CAPITAL LETTERS using BLACK ink.  
If there is insufficient space to answer please continue on a separate sheet of paper, referencing the relevant section. Incomplete forms will delay processing.

<b>SECTION A – PERSONAL DETAILS</b>			
<b>A1</b>			
<b>Surname</b>	<b>First Names(s)</b>		
<b>Title</b>	<b>Date of Birth</b>	<b>Gender</b>	
<b>A2</b>			
<b>Address</b>			
<b>Postcode</b>	<b>How long at this address?</b>		
<b>Telephone</b>	<b>Fax</b>	<b>Mobile</b>	
<b>E-Mail</b>	<b>Web Site</b>		
<b>A3</b>			
<b>Other Private Address</b> (if under 4 years at current address)			
<b>A4</b>			
<b>National Insurance Number</b>			

**SECTION B – QUALIFICATIONS & EXPERIENCE**
**B1**

Please give details of your counselling/hypnotherapy/psychotherapy qualifications.

Qualification	Subject	Date	Grade
HNC			
HND			
Degree			
Postgraduate Degree/Diploma			
Masters Degree			
PhD			
BTEC			
S/NVQ Level			
Other (please state)			

**B2**

In your main work, are you currently practising as a: (please tick one)

 Counsellor 

 Hypnotherapist 

 Psychotherapist 
**B3**

Are you currently under formal supervision?

 Yes 

 No 

How long have you practised under formal supervision?

 If No, do you have any form of supervision currently? (please specify)

**B4**

How many hours of therapy practice have you had in the last 12 months?

 Less than 150 hours 

 150-400 hours 

 Over 400 hours

**SECTION B – QUALIFICATIONS & EXPERIENCE (continued)****B5**

**In which theoretical model(s) of counselling and/or psychotherapy were you trained?**

- Humanistic
- Integrative
- Person-centred
- Psychodynamic
- Cognitive-Behavioural Therapy
- Ericksonian
- Hypnotherapy
- Neuro-Linguistic Programming
- Other (please specify)

**B6**

Please provide any further information you feel may be helpful in making your Application for NACHP Accredited Membership:

**SECTION C – DISCLOSURE**

Expulsion from another professional body or having been the subject of a disciplinary review by another body or having been convicted of a civil or criminal offence is not necessarily a bar to membership of the NACHP. However, failure to disclose any such occurrences may result in a refusal or termination of Membership.

**C1**

**Have you ever been convicted of any criminal offence in any court in the UK or elsewhere which might prejudice the public's trust in you, the profession or the NACHP if accurately informed about all the circumstances of the case?**

Yes  No

**If Yes please give details**

**C2**

**Have you ever been found guilty of a civil offence?**

Yes  No

**If Yes please give details**

**C3**

**Are you currently (or likely to be) the subject of any criminal, civil or disciplinary proceedings or enquiries?**

Yes  No

**If Yes please give details**

**C4**

**Have you ever been refused/expelled from membership of any other professional body/ register/ organisation on the grounds of professional misconduct or other professionally related offence?**

Yes  No

**If Yes please give details**

**C5**

**Have you ever been the subject of any professionally related disciplinary action (which may or may not have ended in dismissal)?**

Yes  No

**If Yes please give details**



**SECTION D – APPLICATION SPECIFICATIONS****D1****I wish to apply for the following grade of Membership** (tick one only)

- Accredited Member MNACHP
- Associate Member AMNACHP
- Student Member No designatory letters

**D2****I am interested in the following areas of professional interest** (tick all that apply)

- Conferences, seminars and other events
- CPD
- Ethical matters and professional conduct
- Publications
- Training and education
- Other (please specify)

**D3****How did you hear about the NACHP?****D4**

Please give the names and addresses of two professional references

**Reference 1****Reference 2**

Name

Address

Telephone

Relationship to you

How long have they known you?

Name

Address

Telephone

Relationship to you

How long have they known you?

**SEct IO n E – dECLARAt IO n**

**E1**

The NACHP is committed to the protection of the public. To this end we carry out a background check on all applicants. If you are prepared to accept the NACHP conducting a DBS/CRB check on yourself please include the appropriate fee with this application and we will process the check accordingly.

**IF YOU HOLd OF A FULL (EnHAnCEd) dBS/CRB CHECK CARRIEd OUt In t HE LAST t WO YEARS PLEASE Att ACH A COPY OF t HE dOCUMEnt . t HIS WILL BE ACCEPt Ed BY t HE nACHP And t HEREFORe nO dBS/CRB FEE WILL BE REQUIREd.**

**E2** I have enclosed the following documentation (photocopies are acceptable) for the required DBS/CRB check, as I **do not** have a current DBS/CRB disclosure:

- £70.00 being the non-refundable application fee which covers the cost of the DBS/CRB, etc. Cheques are currently the only payment method, and should be payable to **nACHP**.
- Passport or photocard driving licence
- P45/P60
- Birth certificate or marriage certificate
- Professional qualification certificate(s)

Please also enclose any 2 of the following (photocopies are acceptable):

- Recent utility bill
- Recent credit card statement
- Recent bank statement
- Recent mortgage statement
- Recent insurance statemen

**E3**

I attach a current copy of my **Professional Indemnity Insurance policy** relevant to my therapy disciplines (this is required for Membership Accreditation)

**E4**

Should I be accepted for NACHP Membership Accreditation, I agree to uphold and abide by the NACHP's Ethical Framework in force and as amended from time to time, including its Code of Conduct & Ethics. I understand that I will be subject to the Disciplinary Procedure and the associated protocols therein should any complaint arise against me during my period of Membership. I agree to observe the Articles of the Association, its regulations, policies and procedures for the time they are in force.

I confirm that the information contained in, and attached to, this form is true, accurate and complete to the best of my knowledge and belief. I hereby authorise the NACHP to make such enquiries as they consider necessary to verify the information given.

I understand that any false or misleading statement, falsification of accompanying evidence or failure to disclose information may lead to disciplinary action being taken and may result in termination of my Membership.

I understand that should I be accepted for Membership, the relevant Membership fee will be required.

Signed

date

**PLEASE REt URn COMPLEt Ed PAGES 5-10 OnLY, t OGEt HER WIt H An Y Add It IO nAL PAPERWORK, PLUS YOUR dBS/CRB FEE (IF REQUIREd), t O:**

**nACHP MEMBER APPLICAt IO n, 15 MEAd OWLAnd S, BURWELL, CAMBRId GE CB25 0HG.**