

Please give your details in **BLOCK CAPITALS**

Title: _____ First Name(s): _____
Surname: _____ Date of Birth: ____/____/____
Address: _____ Town: _____
County: _____ Postcode: _____
Telephone number (incl. Area code): _____ Mobile: _____
Email: _____

1. Are you applying for Student membership?

Yes Please go to Question 12 **No** Please go to Question 2

2. Are you applying for a Non-Registrant membership level?

Yes Please go to Question 3 **No** Please go to Question 5

3. Which membership level would you like to apply for? Please go to Question 4

Companion Associate Professional (MNCS) Honorary Fellow

4. Are you currently in practice?

Yes Please go to Question 13 **No** Please go to Question 14

5. Which Registrant membership level would you like to apply for? Please go to Question 6

Accredited (MNCS Accred) Accredited Professional (MNCS Prof Accred) Senior Accredited (MNCS Snr Accred) Fellow (FNCS)

6. Have you completed a course accredited by the National Counselling Society?

Yes Please go to Question 15 **No** Please go to Question 7

7. Are you a Registrant member of another Accredited Register holder?

- Yes** Please go to Question 8 **No** Please go to Question 9

8. Would you like an equivalent membership grade?

- Yes** Please go to Question 16 **No** Please go to Question 9

9. Please enclose a copy of your CV (Counselling Related). Please continue to Question 10, and complete the rest of the form.

10. Have you completed an Ofqual Level 4 course or higher?

- Yes**
 No

Please provide details of your course:

Your Personal Statement. Tell us as much information as you can (please use separate sheets of paper as required). Tell us about you, your experience as a counsellor and any other information about your personal experiences in life that may be relevant. You can also include information about your personal growth.

When did you start?

Tell us about your Supervised Practice. Please give us the details of your Supervisor (**name, address, email address and phone number**). Also tell us the details, including the number of hours, of your supervised practice. Please provide evidence if available. We will contact your supervisor for a reference.

Tell us about the relevant training you have done. Please list all of the details – including the dates, course provider and accreditation body (if relevant). Also tell us the total numbers of hours for the course and the number of face to face hours.

Tell us about your current counselling practice. Are you self employed and/or work for an agency? Is your role full time or part time? Are you in a paid or voluntary position?

It may be all (or none) of the above – please tell us the details.

Placement(s). Tell us about any counselling placements you have done – including the type of placement, location and number of hours.

Tell us about the personal counselling you have received. Include details such as the number of hours, the modality of the counselling and your own experiences of receiving counselling.

Continuing Professional Development (CPD). Tell us about the CPD you have done such as workshops or lectures attended. Give details of number of hours, course providers and accrediting bodies (if relevant). **You must provide evidence e.g. certificates, a log signed by your supervisor, or a reflective reading log.** As a guideline, we look for at least 30 hours of a variety of CPD over the past 12 months. This can include training courses.

Case Study/Written Statement. Please tell us the date(s) and title(s) of any case studies or written statements. Case studies must protect the anonymity of the client.

For Accredited Professional Registrant (MNCS Prof Accred) and Senior Accredited membership (MNCS Snr Accred) applications via Route (1), **written statements accompanied by a statement from your supervisor are mandatory.**

Do you wish to submit any case studies?

Yes

No

11. Professional References: Please tell us the name, address, phone number and email address of two professional referees. Also tell us in what capacity you know them.

Referee 1:

Name: _____ Address: _____

Telephone Number: _____ Email Address: _____

Capacity in which you know them: _____

Referee 2:

Name: _____ Address: _____

Telephone Number: _____ Email Address: _____

Capacity in which you know them: _____

Full Membership Checklist: Please submit the following with your application. Please note that applications received without the required information will result in a delay in the assessment process.

- | | |
|--|--|
| <input type="checkbox"/> Personal statement | <input type="checkbox"/> Copy of Public Liability Insurance certificate |
| <input type="checkbox"/> Evidence of training you have listed (e.g. copies of certificates) | <input type="checkbox"/> Signed copy of current photo ID (driving licence or passport) |
| <input type="checkbox"/> Evidence of current memberships – if listed on your form | <input type="checkbox"/> Counsellor Register Form included with the application |
| <input type="checkbox"/> Evidence of a minimum 30 hours of CPD for the previous 12 months – either certificates or a log signed by your supervisor | <input type="checkbox"/> Completed Standing Order Mandate |
| | <input type="checkbox"/> Any additional information you want to submit |

Accredited Professional Registrant Checklist: Please submit the following with your application for Accredited Professional Registrant, along with the information required in the Full Membership Checklist (as above).

- | | |
|---|---|
| <input type="checkbox"/> Evidence of having held Accredited Registrant Status (or equivalent) for a minimum of 1 year | <input type="checkbox"/> Evidence of 450 hours of supervised practice, at least 150 accrued post-training (a copy of your hours log with dates to be verified by your supervisor) |
| <input type="checkbox"/> Evidence of minimum 3 years professional practice (to be verified by your supervisor) | <input type="checkbox"/> A satisfactory report from a clinical supervisor, including evidence of your current supervision arrangement, in writing, signed, and on headed paper |
| <input type="checkbox"/> A written statement describing your client work, as per the Guidelines . This needs to be verified as reflective of your current practice by your supervisor. | <input type="checkbox"/> A reference from a professional referee |

Senior Accredited Registrant Checklist: Please submit the following with your application for Senior Accredited Registrant, along with the information required in the Full Membership Checklist (as above)

- | | |
|---|--|
| <input type="checkbox"/> A qualification in counselling or psychotherapy practice at minimum Ofqual RQF Level 5 which complies with the Society's currently published standards of training | <input type="checkbox"/> Evidence of 650 hours of supervised practice, at least 350 accrued post-training, and at least 200 after being on a Register for 1 year (a copy of your hours log with dates verified by your supervisor) |
| <input type="checkbox"/> Evidence of having held Accredited Registrant Status (or equivalent) for a minimum of 1 year | <input type="checkbox"/> A written statement describing your client work, as per the Guidelines . This needs to be verified as reflective of your current practice by your supervisor. |
| <input type="checkbox"/> Evidence of minimum 3 years professional practice (to be verified by your supervisor) | <input type="checkbox"/> A satisfactory report from a clinical supervisor, including evidence of your current supervision arrangement, in writing, signed, and on headed paper |
| <input type="checkbox"/> A reference from a professional referee | |

Fellowship registrant Checklist: Please submit the following with your application for Fellowship Registrant, along with the information required in the Full Membership Checklist (as above)

- Evidence of at least 10 years in practice
- Evidence of significant further experience and/or qualifications
- Evidence of substantial contributions to the vocation of counselling e.g. publications, teaching/training, ongoing support and promotion of The Society etc.
- Curriculum Vitae (CV)
- Evidence that all criteria for Senior Accreditation Registrant has been met (see above section)
- Personal Statement detailing why you believe you meet the requirements for Fellowship
- A testimonial from someone who can comment, with authority, on your wider/substantial contribution to the field of counselling and/or psychotherapy – Examples can include, but not limited to: Line manager, Editor, Chair (or committee member if you are the chair), colleague with professional standing equivalent to Fellowship (e.g. Senior managers, holders of a U.K. Doctorate in a relevant area). **Current or past supervisors are EXCLUDED.**

Please continue to Question 17

12. Student Membership: Only complete this section if you are applying for Student Membership.

Please provide the following information:

Course Title: _____

Course Provider: _____

Course Provider Website: _____

Tutor's name: _____ Tutor's Email: _____

Year started: _____ Expected Year of Completion: _____

Student Checklist: Please submit the following with your application:

- Signed copy of current photo ID (driving licence or passport)
- Proof of your student status/course
- Completed Standing Order Mandate

Please go to Question 17

13. Non-Registrant Membership: Only complete this section if you are applying for Non-Registrant Membership, and are currently in Practice, working towards Registration.

Please provide the following information:

Practice Details (e.g. Voluntary, Private Practice):

Course Completed (e.g. Ofqual Level 3):

Details of further training working towards Registration:

Expected Year of Completion:

Non-Registrant Documentation Checklist. Please submit the following with your application:

- Signed copy of current photo ID (driving licence or passport)
- Evidence of training you have listed (e.g. copies of certificates)
- Evidence of Public Liability Insurance
- Completed Standing Order Mandate

Please go to Question 17

14. Non-Registrant Membership – Non-Practicing. This is only for applicants who are applying for a Non-Registrant membership, and who are currently not practicing.

Your Personal Statement. Tell us as much information as you can (please use separate sheets of paper as required). Tell us about you, your Professional experience, why you require membership, and any other information about your personal experiences in life that may be relevant. You can also include information about your personal growth.

15. Registrant Membership: Only complete this section if you have completed a course Accredited by the National Counselling Society.

Please provide the following information:

Course Title: _____

Course Provider: _____

Course Provider Website: _____

Year Completed: _____

Accredited Documentation Checklist: Please submit the following information with your application.

- Signed copy of current photo ID (driving licence or passport)
- Evidence of your NCS Accredited course (e.g. copies of certificates)
- Completed Standing Order Mandate
- Counsellor Register form included with the application
- Any additional information you want to submit
- Copy of Public Liability Insurance certificate

Please go to Question 17

16. Registrant Membership: Only complete this section if you would like an equivalent grade to your current membership with another organisation.

Please provide the following information:

Name(s) of organisation(s) you currently have membership(s) with: _____

Grade of membership(s): _____

Accredited Documentation Checklist: Please submit the following with your application.

- Signed copy of current photo ID (driving licence or passport)
- Completed Standing Order Mandate
- Evidence of your current membership with another organisation
- A copy of your highest-level qualification certificate
- Counsellor Register form included with the application
- Copy of Public Liability Insurance certificate

Please go to Question 17

17. Other Issues. Use this section to tell us:

Do you have a criminal record? Yes No

Have you ever been removed from any professional body, statutory regulator, voluntary register or training course? Yes No

Have you ever had a complaint upheld against you, or are there any complaints pending against you? Yes No

If you have answered yes to any of the above **please send us full details along with your application**. Please note that the Society will reflect decisions of other Accredited Register holders and Statutory bodies. For further information please see <https://www.nationalcounsellingsociety.org/have-a-concern/complaints-process/>

Where did you hear about us?

- Colleague/friend
- Training school
- Social media
- Website
- Search Engine
- Event
- Other

We would be delighted to learn more about where you heard about us:

Communication Preferences

I confirm that I wish to receive the following information from the Society via email:

- Newsletters and updates
- CPD Invitations
- Work or placement opportunities
- Membership Surveys

18. Declaration and Terms & Conditions

I hereby apply for Membership of the National Counselling Society (the "Society") and declare that all information submitted on this application (and any additional materials provided with it) is true, accurate and correct to the best of my knowledge. In the event that any information or materials that I submit to the Society is revealed to be false, misleading or tampered with, I understand that this may lead to disciplinary action being taken against me and may result in termination of Membership. This may be the case regardless of whether it was submitted with an application or during the period of active Membership.

I hereby authorise the Society to make enquiries as necessary to verify any evidence that I submit, including with regards to my professional practice status, either during the application process or subsequently.

I understand that on certain occasions the Society may find it necessary and/or appropriate to share my information (for example, with the PSA, other PSA Accredited Registers, statutory bodies or authorities or law enforcement bodies) solely for the purpose of and in the interest of public protection. I authorise the Society to keep a record of the information received from and about me, including my application documentation and any subsequent correspondence, in accordance with the Society's Privacy Policy (which can be found on its website).

I understand that if I become a Registrant member, I will also have my name, membership number and town/city of practice added to the Society's publically available counsellor register. If I become a student or non-Registrant member, these details will not be included.

I understand that:

- Acceptance of my application for Membership is at the discretion of the Society. My application for Membership, or my Membership, may be declined or revoked at any time, should I fail to abide by the Society's Code of Ethics and Complaints Procedure, fail to make payment of any of the Society's fees or as a result of the disciplinary process.
- If my application for Membership is successful, the Society will award me the membership grade appropriate to the evidence that I have submitted.
- Membership will run for 12 months from the date that the annual membership fees are first paid (the "Start Date"). An administration fee is payable in the initial year to cover the costs to the Society in processing my application and checking my information and materials, in addition to the costs of Membership.
- Subsequent annual membership fees will be due each year by the anniversary of the Start Date (the "Renewal Date") in order for Membership to remain active.
- Membership fees are non-refundable once paid.
- To cancel Membership, I must provide at least 1 month's written notice in advance of the Renewal Date to the Society's office address, which can be found on the Society's website. I will then cancel my standing order and return any certificates awarded to me by the Society. I accept that if I fail to complete these actions then Membership will be deemed to be renewed on the Renewal Date.

If my application is successful and Registrant status is granted, I agree to abide by the minimum required hours for CPD and Supervision, provide adequate insurance cover, and cooperate with any audits of my registrant status that may be required by the Society or other competent body.

If my application is successful and Membership is granted, I agree to accept the provisions of the Society's Constitution and to abide by the Society's Code of Ethics and Complaints Procedure for the time being in force (details of which are available on the Society's website or via the Society's offices).

Should a complaint be received about me, I confirm that I will fully cooperate with any of the Society's complaints procedures for the time being in force, including disclosing required evidence to the Society and answering any questions raised by the Society's Public Protection Officer or complaints panels in the investigation of the complaint.

Signed: _____

Dated: ____/____/____