

Application Form for Accreditation – Category Two

For general members who have completed a course in psychosexual and relationship therapy not approved by BASRT.
Category Two applicants are not normally eligible for UKCP Registration.

Membership No:

Title:

Surname:

Forename(s):

Date of Birth:

Address:

Telephone No (day):

Telephone No (eve):

Fax No:

Email Address:

Following successful accreditation state the name you would like recorded on your certificate.

4. Clinical experience in sex and relationship therapy.

- (a) Number of years:
- (b) Number of hours:
 - (i) in total over the years of your practice in this field:
 - (ii) in the last year:
- (c) In what setting(s) have you worked as a sex and relationship therapist?
 - (i)
 - (ii)
 - (iii)
 - (iv)
- (d) In what capacity have you worked in these settings?
 - (i)
 - (ii)
 - (iii)
 - (iv)
- (e) How many cases have you completed with:
 - (i) couples:
 - (ii) individuals:

5. Give details of the supervision of your clinical practice in sexual and relationship therapy.

- (a) Number of years you have been supervised:
- (b) Hours per year:
- (c) What form has this supervision taken: Individual Group

If Group: Please state the number of members in the group:

Please state the duration of each group:

Please note that if you are using group supervision as part of your application, one of your referees must be your group supervisor.

- (d) How many hours of supervision have you had of your clinical practice of sex and relationship therapy in the year prior to this application?

6. **Breaks in Practice.**

a) Has your clinical practice been continuous during the 12 months prior to this application?

Yes	No
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b) If yes, please give details:

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7. **Name(s) and address(es) of past Supervisor(s) from whom a report will be requested:**

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8. **Name(s) and address(es) of current Supervisor(s) of clinical practice in sex and relationship therapy since completing the 400 hours in training. A report will be requested from your Supervisor(s). (If more than one Supervisor, please complete appropriate number of sections). Please note that if you are using group supervision as part of your application one of your referees must be your group supervisor.**

(i) Supervisor One

(a) Name and address of current Supervisor of your sex and relationship therapy:

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(b) Number of years with this Supervisor:

(c) Number of hours per year with this Supervisor:

(d) What form has this supervision taken:

(ii) Supervisor Two

(a) Name and address of current Supervisor of your sex and relationship therapy:

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(b) Number of years with this Supervisor:

(c) Number of hours per year with this Supervisor:

(d) What form has this supervision taken:

(iii) How many hours of supervision in total have you had of your clinical practice in sex and relationship therapy in the year prior to this application?

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9. It is a requirement that you discuss this application with your named past supervisor(s). Please confirm you have done so.

Yes	No
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10. It is a requirement that you discuss this application with your named present supervisor(s). Please confirm you have done so.

Yes	No
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11. If you have had the same supervisor from your course to the present time give the name and address of a further professional colleague who has known your sexual and relationship work for a minimum of one year and can confirm your competence and integrity in the field.

Name:

Address:

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12. It is a requirement that you study the [BASRT Codes of Ethics and Principles of Good Practice for Members](#) with your Supervisor(s). Please confirm you have done so.

Yes	No
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14. Please add other information you consider relevant to your application.

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Please return completed application form and **FOUR** photocopies to:
BASRT, PO Box 13686, London, SW20 9ZH.

With your application also enclose:

- (a) Curriculum Vitae and **FOUR** photocopies.
- (b) Log Book and **FOUR** photocopies.
- (c) The processing fee of £100, cheques should be made payable to BASRT and payment must be in Pounds Sterling.
- (d) **FIVE** 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.
- (e) **FIVE** photocopies of current BASRT Subscription Receipt.

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 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: