



British Association for Sexual and Relationship Therapy
Registered Charity No: 1101961
PO Box 13686, London, SW20 9ZH
Tel/Fax: 0208 543 2707 Email: info@basrt.org.uk Website: www.basrt.org.uk

General Membership – Application Form

Please print clearly

Surname	<input type="text"/>	Male / Female
Forename(s)	<input type="text"/>	
Title	<input type="text" value="Mr / Mrs / Ms / Dr / Other"/>	DoB <input type="text"/>
Home Address	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone No	<input type="text"/>	Mobile No <input type="text"/>
Email Address	<input type="text"/>	
Work Address	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone No	<input type="text"/>	
Profession / Discipline	<input type="text"/>	
Current Position	<input type="text"/>	
Previous Experience	<input type="text"/>	
<input type="text"/>		
Do you currently practice as a sexual, couple and/or relationship therapist?	<input type="text" value="Yes"/>	<input type="text" value="No"/>
If 'Yes', in what setting?	<input type="text"/>	
<input type="text"/>		
If 'No', please state your profession	<input type="text"/>	

PTO

What is your interest in joining BASRT?

Please give details of your training in sexual and relationship therapy

Please give the date you qualified

Day

Month

Year

Please state the awarding body

REFERENCES

- Please provide the names and addresses of three referees from different settings (see below).
- Please seek permission from your referees before submitting their names.
- BASRT will send for references.
- Please inform your referees that only the form sent by BASRT is acceptable as a reference and **that in order for the application form to be processed and accepted by BASRT all questions MUST be completed by the referee otherwise the form will be returned. Where appropriate the referee should use NOT APPLICABLE to prevent delay.**
- Your application will not be considered until your references have been received.

Character Reference (current employer or a colleague)

Name

Address

Professional Reference One (current supervisor)

Name

Address

Professional Reference Two (line manager)

Name

Address

DECLARATIONS

- I confirm that I have read the [BASRT Codes of Ethics and Principles of Good Practice for Members](#) and, if accepted for General Membership, I confirm I will abide by these Codes and other Governing Documents when working as a sexual, couple and relationship therapist.
- I declare I do not have any complaints upheld against me by any professional body and I have not had my membership of any professional organisation terminated on the grounds of professional misconduct.
- I declare that I have not been convicted of any sexual offence.

Signature

Date