

## Student Membership – Application Form

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Please print clearly

Surname  Male / Female

Forename(s)

Title  DoB

Home Address

Postcode

Telephone No  Mobile No

Email Address

Work Address

Postcode

Telephone No

Profession / Discipline

Current Position

Previous Experience

Do you currently practice as a sexual, couple and/or relationship therapist?

If 'Yes', in what setting?

If 'No', please state your profession

What is your interest in joining BASRT?

Are you currently on a BASRT approved course?

Yes	No
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If 'Yes', please give the name of the course

Date training commenced?

Day	Month	Year
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Anticipated completion date of Diploma?

Please enclose evidence of your attendance on the course.

## 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 (course tutor)

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