



Association of Contemporary Hypnotherapy, Psychotherapy and Counselling – ACHPC

Registration Form

Title and Full Name Date of Birth

Contact Address

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Post Code Tel Mobile

E Mail Web site

Practice Name and Address (if different to above for publication)

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Hypnotherapy/Psychotherapy/Counselling Training (give details including level and length of courses)

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Declaration:

- I hereby declare that the information above is correct. I confirm that no disciplinary action is pending or has been sustained against me by any professional body.
- I confirm that I have not been convicted for a criminal offence and that no criminal offence is pending against me.
- I am aware that to continue registration with ACHPC I need to comply with the criteria of supervision, and Continuous Professional Development.
- I agree to adhere to the ACHPC Code of Ethics.
- I am aware that I need to maintain adequate Professional Indemnity and Public Liability Insurance (minimum of £1,000,000) throughout my period of registration with ACHPC.

I agree that my contact details can be made available to the public. Yes No

Signed: Print: Date:



ACHPC - Notes for Guidance

Supporting Documentation:

Please include copies of documentation that support your application for registration.
(E.g. Diplomas, Certificate of Courses attended, Evidence of Insurance)

Supervision:

We expect that all Practitioners will engage in Supervision for a minimum of 1.5 hours every 2 months. We would like busy therapists to be working more towards supervision of 1.5 hours every month. This can be one to one, peer group, telephone or email supervision. Suitable evidence may be asked for at any time during registration.

Continuing Professional Development:

We consider this to be very important for all practicing therapists. We expect all members to complete a minimum of 20 hours annually whilst registered with the ACHPC. This can be reading, workshops etc. As we may ask you for evidence, we recommend that you keep a log of books you have read and courses/training attended.

Professional Indemnity Insurance:

This is mandatory for registration with the ACHPC.
Please include copies of appropriate documentation.

Membership of ACHPC:

Upon membership confirmation members will become entitled to advertise their membership with the Association with the letters **MACHPC** after their name. For use of our logo please contact us at the details below *before* publication.

Please complete the registration form and send it along with your supporting documentation to:

ACHPC – Registration
4 Communications House,
9 St Johns Street,
Colchester,
Essex, CO2 7NN.

If you have any questions or need help completing this form please contact us at the above address.

You can also telephone us on **01255 679829** or email us at **info@achpc.co.uk**