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|  | **Accrediting organisation for Medical Psychotherapy**  Royal College of Psychiatrists  21 Prescot Street  London, E1 8BB |  |

**Application for accreditation with the UK Council for Psychotherapy via the Accrediting organisation for Medical Psychotherapy**

*Complete this form if you are a Medical Psychotherapist applying for membership of the United Kingdom Council for Psychotherapy (UKCP). If you meet the eligibility criteria and pay the required fee, the Accrediting Organisation for Medical Psychotherapy (AcOMP) will recommend you to the UKCP for registration. You will also become a member of AcOMP.*

*Eligible applicants will:*

* *hold specialist registration in Medical Psychotherapy in the United Kingdom either via the CCT or via the CESR route.*
* *be currently registered with the GMC with a licence to practise.*
* *be currently registered with the Royal College of Psychiatrists.*
* *be in good standing for CPD\**

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| **Applicant Information** | |
| Name: | |
| Title: | Date of Birth: |
| Preferred postal address: | |
| Preferred email address: | |

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| **Professional Information** | | |
| RCPsych Membership number |  |
| GMC number |  |
| I hold specialist registration in Medical Psychotherapy in the UK | Yes 🞎 No 🞎 |
| Other specialist registration | |
| Date of specialist registration |  |
| Do you work:  Solely in the NHS? 🞎  Solely in private practice? 🞎  In a combination of NHS and private practice? 🞎 | |

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| **Supporting documents** | | |
| Passport or other identification *(send copy documentation only)* | 🞎 |
| Proof of GMC registration and licence to practise *(send copy documentation only)* | 🞎 |
| Certificate of good standing for CPD *(send copy documentation only)\**  \* Applicants within a year of completing their specialty training may submit an outcome 6 ARCP form instead of a CPD certificate. | 🞎 |
| AcOMP equal opportunities form (optional) | 🞎 |

**Data protection**

The Royal College of Psychiatrists is committed to protecting and respecting your privacy. The information provided in this form will be shared with officers of the Accrediting Organisation for Medical Psychotherapy for the purpose of assessing your application. If your application is successful your name will be given to the UKCP for the purposes of registration. Your form and information will be held in College records and you will be contacted about relevant AcOMP business.

I agree to the College using my information as outlined above🞎

You can read the College’s privacy statement here:

<https://www.rcpsych.ac.uk/about-us/data-protection/members-privacy-notice>

You may withdraw consent at any time by contacting [catherine.langley@rcpsych.ac.uk](mailto:catherine.langley@rcpsych.ac.uk)

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| **Payment** | | |
| **The fee to process your application is £250 which can be paid by bank transfer.**  **We are no longer accepting payment by cheque as College staff are working from home. Please contact us if this causes a problem.** | | |
| RCPsych bank account details:  Account name: The Royal College of Psychiatrists  Bank name: Barclays Bank  Bank address: 1 Churchill Place, London E14 5HP  Account number: 40201340  Sort Code: 20-06-05  Swift code: BARCGB22  IBAN GB31BARC20060540201340  Please quote reference: ‘J2A012 *(your surname)’*  Please could you also send a remittance or email [finance@rcpsych.ac.uk](mailto:finance@rcpsych.ac.uk) mentioning ACOMP J2A012 to confirm | Payment made on  ......../......./20....... |
| *Note: If your application is successful, the UKCP will collect your new member application fee directly from you. UKCP annual subscriptions are paid directly to the UKCP thereafter and they will contact you directly. In addition, you will be invited to reaccredit with AcOMP after five years.* | |

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| **Change of circumstances** |
| I undertake to notify AcOMP if my circumstances change in the following ways:   * I am no longer registered with the GMC with a licence to practise; * I am no longer in good standing for CPD; * If the GMC are investigating a complaint against me; * If I no longer hold current RCPsych membership.   I undertake to notify AcOMP in the circumstances outlined above 🞎 |

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| **Five yearly renewal of AcOMP membership** |
| In accordance with UKCP requirements, we will invite you to renew your AcOMP membership after five years. In addition to the evidence requested for your first application we will also ask for:   * Evidence that you have regular clinical supervision. * Evidence that you engage in a reflective process. * Evidence of professional indemnity insurance, for those applicants partly or solely in private practice. |

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| Signature of applicant: | Date: |