



Application for BPC registration as a Psychodynamic Counsellor

CONFIDENTIAL

Please read the guidance notes before completing the form.
Please use the additional information section if necessary.

1. About you

Your name: **Please do not use this form to make an application. Your application advisor will send you the current forms when you apply.**

Address: _____

Telephone numbers (day/evening): _____

Email address: _____

Date of birth: _____

2. About your training, therapy and supervision during training

If you wish to apply on the basis of other equivalent training, please contact your application advisor as there is a different form for this.

Which Birkbeck course did you complete? (Please tick) MSc in Psychodynamic Counselling and Psychotherapy []
MSc in Psychodynamic Counselling and Psychotherapy with children and adolescents []

Year training started: _____

Year of graduation: _____

When did you start your personal therapy? _____

When did your personal therapy end? (if applicable) _____

How frequent were your sessions? _____

Your therapist's name: _____

Your therapist's professional registering body: _____



Your placement supervisor's name:

Your placement supervisor's professional registering body:

If you had any additional supervision during your training, names and professional registering bodies of all supervisors:

3. About your clinical experience

Please state whether your application is based on two psychodynamically / psychoanalytically supervised long-term, weekly (or more frequent) cases of a year's duration or more. These can be during training and/or post qualification (please tick).

Yes, two supervised long cases

No, only one supervised long case

If you do not have two supervised long cases, please contact your application advisor. See guidance notes.

Long case 1

Start date (month/year):

End date (month/year):

Frequency of sessions:

Number of sessions (to date if ongoing):

Setting (agency / private etc)

Long case 2

Start date (month/year):

End date (month/year):

Frequency of sessions:

Number of sessions (to date if ongoing):

Setting (agency / private etc)



4. Supervisor's (clinical) references for long cases and current work

Applicants will normally have completed two psychodynamically/psychoanalytically supervised long-term, weekly (or more frequent) cases of a year's duration or more, during their training course and/or subsequently, and will currently be in regular psychodynamic/psychoanalytic supervision. You will need to supply references from your supervisor(s) to cover **both** your two long-term cases **and** your current work. This may involve up to three references (*see guidance notes*).

Long case 1

Supervisor's name:

Supervisor's theoretical
orientation:

Professional registration
body:

Email address:

Long case 2

Supervisor's name:

Supervisor's theoretical
orientation:

Professional registration
body:

Email address:

Current supervisor

A supervisor's reference is required to confirm that you are currently working psychodynamically.

If you have been with your current supervisor for less than six months, please discuss with your application advisor before completing this section.

Current supervisor's
name:

Supervisor's theoretical
orientation:

Professional registration
body:

Email address:



Supervision start date: _____

Frequency of meeting: _____

Duration of meeting: _____

Individual or group? _____

Size of group: _____

Previous supervisor (only required if specified by your application advisor)

Previous supervisor's name: _____

Supervisor's theoretical orientation: _____

Professional registration body: _____

Email address: _____

Supervision start date: _____

Frequency of meeting: _____

Duration of meeting: _____

Individual or group? _____

Size of group: _____

5. Additional (non-clinical) reference _____.

Please give an additional general referee (e.g. tutor or line manager).

Name: _____

Email address: _____

Role in relation to you: _____

6. About your continuing professional development (CPD) _____.

Once you are registered with the BPC you will be required to have a minimum of 15 hours per year of clinical supervision individually or in a group and to engage in other CPD activity related to clinical practice (such as lectures, case presentations, reading, preparation for teaching, etc.) up to a total of 30 hours per year.



How many hours of supervision do you plan to attend in the coming year?

How many hours of other CPD activities do you plan to attend in the coming year?

Please list some of the CPD activities you expect to attend.

7. About any other professional registration

Please state if you are a member of any other professional body (e.g. BACP, UKCP, BPS etc.)

8. About your fitness to practise

Are you currently involved in any complaints or disciplinary or legal proceedings (or aware of any such matters that are pending)?

Yes []

No []

If yes, please give details

Have you ever been involved in any complaints or disciplinary or legal proceedings which were upheld?

Yes []

No []

If yes, please give details

Have you ever been struck off from any professional register?

Yes []

No []

If yes, please give details



Do you have any health issues that might affect your fitness to practise?

Yes []

No []

If yes, please give details

Are you aware of any other issues that might affect your fitness to practise?

Yes []

No []

If yes, please give details

Professional indemnity insurance:

If applicable (see guidance notes), please give the name of your insurer, policy number and renewal date.

If applicable (see guidance notes), please also give your DBS (CRB) reference number.

9. Additional Information

Please add anything you would like the scrutiny committee to know.

10. Declaration

I confirm that the information on this form is true to the best of my knowledge and that I have read and am willing to practise according to the BPC CPD requirements, Code of Ethics and Complaints Procedure. (The BPC Code of Ethics can be found at www.bpc.org.uk together with more information about CPD requirements and the complaints procedure).

I confirm that I understand that the information I have provided (including any special category data as defined by the GDPR) may be used by the scrutiny committee to determine my application for membership of the BPC.

**BIRKBECK
COUNSELLING
ASSOCIATION**



Name:

Date:

To complete the application process, please:

1. Email your completed application form to your application advisor.
2. Send each supervisor and referee named in your application a supervisor's/general reference form for them to complete and to email directly to your application advisor (whose email address you should have).