



# Hampshire Association for Counselling and Psychotherapy

Website: [www.hacp.co.uk](http://www.hacp.co.uk) | Email: [info@hacp.co.uk](mailto:info@hacp.co.uk)

## HACP Website / Directory Application Form

1. Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

2. Address (Not for publication): \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

### 3. Contact Details:

Email: \_\_\_\_\_

Telephone No(s): \_\_\_\_\_

Website: \_\_\_\_\_

4. Message you would like to give to the readers of your website entry Please include your counselling style.  
(maximum strictly 60 words): \_\_\_\_\_  
\_\_\_\_\_

5. Clients (eg individuals, couples, children): \_\_\_\_\_  
\_\_\_\_\_

6. Counselling / Psychotherapy / related Qualifications, and training with dates: originals to be verified by HACP  
committee member. (Abbreviations may not be familiar to the general public): \_\_\_\_\_  
\_\_\_\_\_

7. Current Membership(s) and Accreditations/Registrations of Professional Association(s): \_\_\_\_\_  
\_\_\_\_\_

8. Signature of committee member and date signed: \_\_\_\_\_  
\_\_\_\_\_

9. Name and phone number of supervisor: \_\_\_\_\_  
\_\_\_\_\_

10. Signature of supervisor with date of signature: \_\_\_\_\_  
\_\_\_\_\_

11. Supervision offered ? YES / NO. If yes, please state which orientation(s):

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12. Training Offered. YES / NO. If yes, please state what kind of training:

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13. Fees charged.

Counselling:

Supervision:

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14. In which postcode(s) (eg SO24 or GU17) and in which areas do you work? (eg Alresford or Farnborough)  
(For use on website searches by location) You may include more than one postcode and area:

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15. Other Services.

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16. Fees for inclusion in Directory and website:

January-December  £16 Please write your name clearly on reverse of cheque

July-December  £10

Cheques made payable to H.A.C.P.

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17. Agreement:

a. I have read and agree to abide by the Code of Ethics of the BACP or other professional organisation of which I am a member. Please state which:

\_\_\_\_\_

b. I receive regular supervision.

c. I have no pending criminal case or unspent conviction that in any way relates to my therapeutic work

d. I have not been found guilty of any breach of the Ethical Framework of my professional body.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature will be taken as permission to store your details on a computer database and in the HACP directory of counsellors and psychotherapists

Please return this completed application form, including signatures by committee member, supervisor and yourself, plus cheque made out to HACP, to:

David Brown, The Administrator, HACP,  
23 Colbourne Close, Bransgore, Christchurch. BH23 8BW tel 01425 673564