



Hampshire Association for Counselling and Psychotherapy

Website: www.hacp.co.uk | Email: info@hacp.co.uk

Membership Application Form

1. Title: _____ Given Name: _____ Surname: _____

2. Address: _____

County: _____ Postcode: _____

3. Contact Details:

Telephone No(s) _____ Email: _____

4. Counselling / Psychotherapy or related Qualifications (if any):

5. Current training in Counselling / Psychotherapy (if any):

6. Particular clinical skills / interests:

7. Membership(s) of Professional Association(s):

Fees Cheques made payable to HACP

January-December £20 Please write your name clearly on reverse of cheque

July - December £12

Agreement (if you are a practising therapist) : " I have read and agree to abide by the Code of Ethics of the BACP or other professional organisation. Please state which : _____

- I have no pending criminal case or unspent conviction that in any way relates to my therapeutic work
- 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
Please return with cheque made out to HACP to : David Brown, The Administrator, HACP,
23 Colbourne Close, Bransgore, Christchurch. BH23 8BW tel 01425 673564