



**WEST MIDLANDS
INSTITUTE OF
PSYCHOTHERAPY**

West Midlands Institute of Psychotherapy

Naim House
1174 Stratford Road
Hall Green, Birmingham
B28 8AQ

Member of UK Council for Psychotherapy

Company Limited by Guarantee (No 2883306) Registered
Charity (No 1031011)

Tel/fax: 0121 455 7888
Email: admin@wmip.org

www.wmip.org

Membership Application Form

Please note that each membership type requires additional information to support the application. Details of what needs to be included can be found in the supporting information.

| 1. Personal Details | |
|---------------------|--|
| Title: | |
| Forename(s): | |
| Surname: | |
| Date of Birth: | |
| Address: | |
| | |
| | |
| | |
| Telephone Number: | |
| Email Address: | |

2. Professional Membership

| | |
|--|--|
| Qualification, professional body and registration number: | |
| Institution where qualification was gained: | |
| Date qualification obtained: | |
| Name of insurer: | |
| Are you in good standing with that organisation? (WMIP reserves the right to check the information given.) | |
| Are you or have you been a member of another professional organisation? If yes, please specify. | |
| Are there any outstanding complaints against you? | |

Referees: please supply two references below, one from a UKCP(CPJA) or BPC registered supervisor of your work, and if known, one from a Professional member of WMIP, or someone of similar standing in an organisation recognised by WMIP.

2.A Referees

Referee 1:

| | |
|----------------|--|
| Name: | |
| Relation: | |
| Address: | |
| | |
| | |
| | |
| | |
| Email Address: | |

Referee 2:

| | |
|----------------|--|
| Name: | |
| Relation: | |
| Address: | |
| | |
| | |
| | |
| | |
| Email Address: | |

3. Clinical Associate Membership

| | |
|--|--|
| Qualification, professional body and registration number: | |
| Institution where qualification was gained: | |
| Date qualification obtained: | |
| Name of insurer: | |
| Are you in good standing with that organisation? (WMIP reserves the right to check the information given.) | |
| Are you or have you been a member of another professional organisation? If yes, please specify. | |
| Are there any outstanding complaints against you? | |

Please supply two references below, one from a UKCP, BPC, BPS or BACP registered supervisor of your clinical work, and if known, one from a Professional member of WMIP, or another professional person of similar standing in an organisation recognised by WMIP.

3.A Referees

Referee 1:

| | |
|----------------|--|
| Name: | |
| Relation: | |
| Address: | |
| | |
| | |
| | |
| | |
| Email Address: | |

Referee 2:

| | |
|----------------|--|
| Name: | |
| Relation: | |
| Address: | |
| | |
| | |
| | |
| | |
| Email Address: | |

4. Student Membership

| | |
|---|--|
| Occupation: | |
| Title of training and name of training organisation: | |
| Name of insurer if in private practice (please include a copy of your insurance certificate): | |
| Are there any outstanding complaints against you? | |

Please give the names of two referees, one of whom should be your supervisor, or if not in supervision, a trainer on your course. The second reference should if possible be a Professional member of WMIP, or someone of similar standing in a professional organisation recognised by WMIP.

4.A Referees

Referee 1:

| | |
|----------------|--|
| Name: | |
| Relation: | |
| Address: | |
| | |
| | |
| Email Address: | |

Referee 2:

| | |
|----------------|--|
| Name: | |
| Relation: | |
| Address: | |
| | |
| | |
| Email Address: | |

5. Affiliate Membership

Occupation:

| |
|--|
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|--|

Please provide the names, addresses and email addresses of two referees, one of whom should know you professionally. It is also preferred that one of these referees is a current member of WMIP or a similar organisation recognised by WMIP.

5.A Referees

Referee 1:

Name:

Relation:

Address:

Email Address:

| | |
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Referee 2:

Name:

Relation:

Address:

Email Address:

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6. Retired Membership

Institution where you were registered? (UKCP, BPC, BPS, BACP etc.)

Date of Qualification:

I confirm that I have retired from all professional work and am no longer registered with any registering organisation

Signature:

Date:

Please provide the name and address of a WMIP member who can confirm that this is the case:

6A. Member Confirmation

Name:

Address:

Email Address:

7. Signature

For all membership categories, please sign the following declaration:

I (Please print your full name)

Being elected as a Professional/Clinical Associate/Affiliate/Student Member (please circle as appropriate) of the West Midlands Institute of Psychotherapy (Ltd) hereby agree that I will abide by the Codes of Ethics and Practice of the Institute, copies of which I have received. I also agree to undertake not to bring the Institute into disrepute.

Signed..... **Date**.....

Please return all forms to membership@wmip.org or by post to West Midlands Institute of Psychotherapy, Nairn House, 1174 Stratford Road, Hall Green, Birmingham, B28 8AQ.



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Supporting Information

Depending on the membership category you are applying, for please include the relevant information to support your application. If we do not receive the required information, then we will be unable to process your application.

1. Professional Membership

- a.) Curriculum Vitae.
- b.) Copies of your certificate of qualification and registration certificate from UKCP(CPJA) or BPC.
- c.) Copy of your insurance certificate.
- d.) Copy of your professional will.
- e.) A letter briefly describing your reasons for applying for membership of WMIP and its relevance to your current situation.
- f.) An application fee of £50.00.

2. Clinical Associate Membership

- a.) Curriculum Vitae.
- b.) Copies of documents (e.g. Certificates, Diplomas) to substantiate completion of professional trainings undertaken.
- c.) Copy of your insurance certificate.

- d.) Copy of your professional will.
- e.) A letter briefly describing your reasons for applying for membership of WMIP and its relevance to your current situation.
- f.) An application fee of £50.00.

3. Student Membership

- a.) Curriculum Vitae.
- b.) Document or letter accepting you on to a psychotherapy training course.
- c.) A letter briefly describing your reasons for applying for membership for WMIP and its relevance to your current situation.
- d.) Copy of your insurance certificate if working in private practice.
- e.) Copy of your professional will if working in private practice.
- f.) An application fee of £25.00.

4. Affiliate Membership

- a) Curriculum Vitae.
- b) A letter briefly describing your reasons for applying for membership for WMIP and its relevance to your current situation.
- c) An application fee of £25.

Please make cheques payable to the West Midlands Institute of Psychotherapy. We regret that all application fees are non-refundable. Membership fees will be payable on a monthly pro-rata basis from the end of the month following acceptance.