



**WEST MIDLANDS  
INSTITUTE OF  
PSYCHOTHERAPY**

Member of UK Council for Psychotherapy

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

**West Midlands Institute of Psychotherapy**

2 Greswolde House, 197b Station Road, Knowle B93 0PU  
(Registered address)

66 Smirrells Road, Hall Green, Birmingham, B28 0LB  
(Correspondence address)

Email: [admin@wmip.org](mailto:admin@wmip.org)

[www.wmip.org](http://www.wmip.org)

## Clinical Associate Membership Application Form

### 1. Personal Details

Title:	
Forename(s):	
Surname:	
Date of Birth:	
Address:	
Telephone Number:	
Email Address:	

### 2. Qualifications

Qualification, professional body and registration number:	
Institution where qualification was gained:	
Date qualification obtained:	

### 3. Further information

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?	
Have you undergone safeguarding training relevant to your role within the last 3 years? (This requirement only applies to members who are currently practising)	

**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.

### 4. Referees

#### Referee 1:

Name:	
Relation:	
Address:	
Email Address:	

Referee 2:	
Name:	
Relation:	
Address:	
Email Address:	

**5. Signature**

Please sign the following declaration:

I ..... (Please print your full name)

Being elected as a Clinical Associate of the West Midlands Institute of Psychotherapy 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](mailto:membership@wmip.org) or by post to:

**West Midlands Institute of Psychotherapy,  
66 Smirrells Road,  
Hall Green,  
Birmingham,  
B28 0LB.**

## Supporting Information for Clinical Associate Membership

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.

- a.) Curriculum Vitae.
- a.) Copies of documents (e.g., Certificates, Diplomas) to substantiate completion of professional trainings undertaken.
- b.) Copy of your insurance certificate.
- c.) Copy of your professional will.
- d.) A letter briefly describing your reasons for applying for membership of WMIP and its relevance to your current situation.
- e.) An application fee of £50.00.

**Once you have submitted your application for membership, we will issue you with an invoice for the application fee, with details of how payment can be made.**

**We regret that all application fees are non-refundable.**

**Membership fees will be payable on an annual, bi-annual or quarterly basis from the end of the month following acceptance.**