



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)

**Student Membership Application Form**

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

2. Further Information	
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?	

**Further Information... continued**

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

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**Referees**

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.

**3. 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 Student 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 Student 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.
- 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.

**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.**