THE NATIONAL COUNSELLING SOCIETY

professional™ standards authority

accredited register

*Required fields shown in red

AccreditedProfessional Registrant (MNCS Prof Accred) Membership Application Form

Full Name

Title

First Name(s)

Surname

Address

Address line 1

Address line 2

City

County

Postcode

Country

Email

Home number

Mobile number

When did you complete your main qualification?

☐ Within last 10 years

☐ Over 10 years ago

Please provide evidence of your qualification e.g. certificate including placement details

Click here to upload attachment

Are you currently in practice?

☐ Yes

☐ No

If no how long have you been out of practice for?

☐ Under 3 years

☐ Over 3 years

The National Counselling Society, 19 Grafton Road, Worthing, West Sussex, BN11 1QT
T: 01903 200 666 admin@nationalcounsellingsociety.org www.nationalcounsellingsociety.org
Registered In England No. 5861051

If you have been out of practice for over 3 years please provide a written statement.

Guidance for the written statement can be found here.

Click here to upload attachment

Please provide a scanned copy of photo I.D.

Click here to upload ID

Where did you hear about us?

- ☐ Colleague/friend
- ☐ Training School
- ☐ Website
- ☐ Search Engine
- ☐ Event
- ☐ Social media
- ☐ Other (please specify)

Communication preferences:

I confirm that I wish to receive the following information from the Society via email:

- ☐ Newsletter and updates
- ☐ CPD Invitations
- ☐ Work and Placement Opportunities
- ☐ Membership surveys

Do you have a criminal record? ☐ Yes ☐ No

Have you ever had a complaint upheld against you, or are there any complaints pending against you? ☐ Yes ☐ No

Have you ever been removed from any professional body, statutory regulator, voluntary register or training course? ☐ Yes ☐ No

If you have answered yes to any of the above please send us full details along with your application. Please note that the Society will reflect decisions of other Accredited Register holders and Statutory bodies. For further information please see www.nationalcounsellingsociety.org/help/have-a-concern/complaints-process

Additional requirements for MNCS Prof Accred

Evidence of having held Accredited Registrant Status (or equivalent) for a minimum of 1 year	Click here to upload evidence
Evidence of minimum 3 years professional practice (to be verified by your supervisor)	Click here to upload evidence
A written statement describing your client work, as per the Guidelines. This needs to be verified as reflective of your current practice by your supervisor. Please click here for guidelines	Click here to upload written statement
Evidence of 450 hours of supervised practice, at least 150 accrued post-training (a copy of your hours log with dates to be verified by your supervisor)	Click here to upload client log
A satisfactory report from a clinical supervisor, including evidence of your current supervision arrangement, in writing, signed, and on headed paper	Click here to upload supervisor report
A reference from a professional referee	Click here to upload reference
Please provide evidence of current insurance	Click here to upload insurance
Please provide evidence of CPD completed for the previous 12 months	Click here to upload CPD

COUNSELLOR REGISTER

The Society publishes an online register containing the name, membership number, and town/city of all Registrant members (Accredited, Accredited Professional, Senior Accredited, and Fellow).

If you wish to have more than these basic details displayed, please enter the information below.

The information I would like listed is as follows:

Name	
Town/City (where you will be practicing)	
County (where you will be practicing)	
Telephone (where clients can contact you)	
Post Code (where you will be practicing)	
E-mail address	
Website address	

If you do not have a practice address, then your location will be determined by your home address postcode. Members of the public will be shown how far they are from the postcode that you provide; your address will not be revealed to the public.

Once you have been provided with login details for the website, and awarded a Registrant grade, you will be able to complete your profile in full including information such as specialities and fees. Members who have a completed profile are more likely to be contacted by members of the public looking for a counsellor.

I agree to the above information being made available on the "Find a Counsellor" section of the National Counselling Society website, and to telephone enquirers.

I agree that I am responsible for the information listed in my profile on the website, for the accuracy of information listed in my profile on the website, and that all details listed are a true and accurate reflection of my qualifications and experience.

National Counselling Society

Please fill in the whole form including official use box using a ball point pen and send it to:

National Counselling Society
19 Grafton Road
Worthing
West Sussex
BN11 1QT

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Reference

Instruction to your bank or building society to pay by Direct Debit

Service User Number

4	4	8	4	9	0

FOR PSL re National Counselling Society OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.
Important – Please complete these details:

Account Holder(s) Name & Address:

Name:

Address:

Postcode:

Email Address:

Instruction to your bank or building society
Please pay PSL re National Counselling Society Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with PSL re National Counselling Society and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DDI1

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit PSL re National Counselling Society will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request PSL re National Counselling Society to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by PSL re National Counselling Society or your bank or building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when PSL re National Counselling Society asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building Society. Written confirmation may be required. Please also notify us.

Declaration and Terms & Conditions

I hereby apply for Membership of the National Counselling Society (the "Society") and declare that all information submitted on this application (and any additional materials provided with it) is true, accurate and correct to the best of my knowledge. In the event that any information or materials that I submit to the Society is revealed to be false, misleading or tampered with, I understand that this may lead to disciplinary action being taken against me and may result in termination of Membership. This may be the case regardless of whether it was submitted with an application or during the period of active Membership.

I hereby authorise the Society to make enquiries as necessary to verify any evidence that I submit, including with regards to my professional practice status, either during the application process or subsequently.

I understand that on certain occasions the Society may find it necessary and/or appropriate to share my information (for example, with the PSA, other PSA Accredited Registers, statutory bodies or authorities or law enforcement bodies) solely for the purpose of and in the interest of public protection. I authorise the Society to keep a record of the information received from and about me, including my application documentation and any subsequent correspondence, in accordance with the Society's Privacy Policy (which can be found on its website).

I understand that if I become a Registrant member, I will also have my name, membership number and town/city of practice added to the Society's publically available counsellor register. If I become a student or non-Registrant member, these details will not be included.

I understand that:

- Acceptance of my application for Membership is at the discretion of the Society. My application for Membership, or my Membership, may be declined or revoked at any time, should I fail to abide by the Society's Code of Ethics and Complaints Procedure, fail to make payment of any of the Society's fees or as a result of the disciplinary process.
- If my application for Membership is successful, the Society will award me the membership grade appropriate to the evidence that I have submitted.
- Membership will run for 12 months from the date that the annual membership fees are first paid (the "Start Date"). An administration fee is payable in the initial year to cover the costs to the Society in processing my application and checking my information and materials, in addition to the costs of Membership.
- Subsequent annual membership fees will be due each year by the anniversary of the Start Date (the "Renewal Date") in order for Membership to remain active.
- Membership fees are non-refundable once paid.
- To cancel Membership, I must provide at least 1 month's written notice in advance of the Renewal Date to the Society's office address, which can be found on the Society's website. I will then cancel my Direct Debit and return any certificates awarded to me by the Society. I accept that if I fail to complete these actions then Membership will be deemed to be renewed on the Renewal Date.
- My application and/or membership may be declined/revoked if my general conduct and behaviour (e.g. aggressive verbal communication) when dealing with the Society, my peers, or other service providers is judged to be indicative of unsuitability for professional practice.

If my application is successful and Registrant status is granted, I agree to abide by the minimum required hours for CPD and Supervision, provide adequate insurance cover, and cooperate with any audits of my registrant status that may be required by the Society or other competent body.

If my application is successful and Membership is granted, I agree to accept the provisions of the Society's Constitution and to abide by the Society's Code of Ethics and Complaints Procedure for the time being in force (details of which are available on the Society's website or via the Society's offices).

Should a complaint be received about me, I confirm that I will fully cooperate with any of the Society's complaints procedures for the time being in force, including disclosing required evidence to the Society and answering any questions raised by the Society's Public Protection Officer or complaints panels in the investigation of the complaint.

Click here to submit

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