

Membership of BABCP is open to anyone with an interest in the practice and theory of behavioural and/or cognitive psychotherapy and this form is for application for membership. Meeting the Accreditation criteria is not a requirement for membership.

Surname

Membership of the BABCP runs for 12 months from when the application is processed. Current subscription rates can be found on the BABCP website www.babcp.com or by calling the office on 0161 705 4304

First name/s or and initials	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other (state)
Employment Status	
Expected end date of training if student/trainee	
Correspondence Address <small><i>This is the address used for BABCP correspondence. You will have a choice of a different address for the members directory or advertising if you choose this.</i></small>	Post Code
Tel Day	
Tel Eve	
Tel Mobile	
E-mail	

Please tick only one of the Core Professions below which is your main Core Profession in which you have a recognised qualification

- | | | |
|---|--|---|
| <input type="checkbox"/> Clinical Psychology | <input type="checkbox"/> Mental health Nursing | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Counselling Psychology | <input type="checkbox"/> Learning Disability Nursing | <input type="checkbox"/> Counselling (Fully Accredited by BACP, COSCA, CPC, FDAP) |
| <input type="checkbox"/> Educational Psychology | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Probation Service |
| <input type="checkbox"/> Forensic Psychology | <input type="checkbox"/> Psychiatric Medicine | <input type="checkbox"/> Arts Therapy (HPC Registered) |
| <input type="checkbox"/> Health Psychology | <input type="checkbox"/> General Practice | |
| <input type="checkbox"/> Teacher of Special Education/Needs with additional special education training & counselling/Psychotherapy training | | |
| <input type="checkbox"/> No Core Profession | <input type="checkbox"/> Other, please state | |
| <input type="checkbox"/> PW Practitioner | <input type="checkbox"/> IAPT Trainee | |

I do not wish to have contact details listed in the member's directory

If you choose not to have details shown only the town or county will be listed alongside your name

I wish to have the following contact details listed in the member's directory

Members Directory Address If you wish to use the same address as for correspondence state 'main' These details are available to other BABCP members on the members search on the website The minimum detail that will be shown is name and town or county	Post Code
Tel Day	
Tel Eve	
Tel Mobile	
E-mail	

Advertising Preferences

From time to time we may make members' details available to third parties who may contact you with information in relation to matters relevant to CBT such as publications, courses & events, jobs and CBT research surveys.

If you prefer not to receive advertising please tick the box No postal mail No Email

If you would like to receive third party information by postal mail and/or email please indicate below

Email – To my main email address as listed above: : To my directory email address as listed above:

To a different email address as indicated below

Postal mail - To my main address as listed above: : To my directory address as listed above:

To a different postal address as indicated below:

Advertising postal address.	Post Code
E-mail	

I am also bound by the ethical code(s) of the following professional body or bodies, (e.g. NMC, GMC, RCP etc.), or if you do not belong to any, state none

Professional Body	Date of Birth

Signature	Date

Criminal, Civil, Investigatory & Disciplinary Declarations

All applicants must answer each of the six questions below
 If you need to add any information please write this on a separate sheet and submit it with this application

Question	Declaration	Additional Statement
1. Have you ever been convicted of any criminal offence in any court in the UK or elsewhere which might prejudice the public's trust in you, your profession, or the BABCP, if accurately informed about all the circumstances of the case?	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been found guilty of a civil offence?	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been refused / expelled from membership of any other professional body / register on the grounds of professional misconduct or other professionally related offence?	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been the subject of any professionally related disciplinary action (which may or may not have ended in dismissal)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently / likely to be the subject of any criminal, civil, investigatory or disciplinary proceedings or enquiries?	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
6. To your knowledge, have you ever been, or are you likely to be involved in a situation or incident likely to result in disciplinary action against you as a member of the BABCP?	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>

DELIBERATELY FALSE STATEMENTS WILL RESULT IN YOUR REMOVAL FROM THE LIST OF ACCREDITED MEMBERS

DECLARATION

I wish to apply for membership of the BABCP and accept as such that membership does not confer any professional status or qualification and I will not advertise myself as a member of BABCP until such a time that I gain Accreditation.

I agree to the aims of the Association and I will adhere to the Standards of Conduct, Performance and Ethics.

The information contained in this application and any accompanying papers is accurate to the best of my knowledge

Signature	Date

Subscription rates valid from 1 October 2011 until 30 September 2012

MARK ONLY ONE SUBSCRIPTION BOX, PLEASE ENSURE THAT YOU HAVE CHOSEN THE CORRECT SUBSCRIPTION FOR YOUR PAYMENT TYPE

Subscriptions paid by Cheque/Debit Card/Credit Card	PLEASE MARK ONLY ONE BOX	
UK & Ireland Full Subscription	£66.00	<input type="checkbox"/>
UK & Ireland Student Rate Subscription EVIDENCE OF STUDENT STATUS IS REQUIRED	£31.00	<input type="checkbox"/>
Outside UK & Ireland Full Subscription	£74.00	<input type="checkbox"/>
Outside UK & Ireland Student Rate Subscription EVIDENCE OF STUDENT STATUS IS REQUIRED	£41.00	<input type="checkbox"/>

Subscriptions paid by recurring Direct Debit		
UK & Ireland Full Subscription Annual payment	£58.00	<input type="checkbox"/>
UK & Ireland Student Rate Subscription Annual payment EVIDENCE OF STUDENT STATUS IS REQUIRED	£28.00	<input type="checkbox"/>
UK & Ireland Full Subscription Monthly Instalments	£5.08	<input type="checkbox"/>
UK & Ireland Student Rate Subscription Monthly Instalments EVIDENCE OF STUDENT STATUS IS REQUIRED	£2.45	<input type="checkbox"/>
Outside UK & Ireland Full Subscription	£66.00	<input type="checkbox"/>
Outside UK & Ireland Student Rate Subscription EVIDENCE OF STUDENT STATUS IS REQUIRED	£39.00	<input type="checkbox"/>
Outside UK & Ireland Full Subscription in Monthly Instalments	£5.78	<input type="checkbox"/>
Outside UK & Ireland Student Rate Subscription in Monthly Instalments EVIDENCE OF STUDENT STATUS IS REQUIRED	£3.42	<input type="checkbox"/>

* Payment by instalments: you are agreeing to make 12 monthly payments if you choose this option. Should you choose to cancel your membership within the 12 month period the balance of the subscription becomes due immediately

In opting to pay by monthly instalments I acknowledge that this is a 12 month subscription and that failure to maintain monthly instalments will result in the total outstanding balance to become payable.

Signed;

Date:

Signing your name here denotes acceptance of the terms of subscription

Course studying:

University or Learning provider:

Reduced rate subscriptions available to students; EVIDENCE OF STUDENT STATUS

Evidence should show the dates of the beginning and end of the studies.

Examples:

A student ID card with the dates shown, an acceptance letter from the course providers clearly stating the commencement date and either end date or course duration; a letter from the course provider to confirm the dates of your study. Other evidence will be considered providing it meets the criteria.

Return all documentation to: Freepost RSHG-HYHY-LSHJ, BABCP, Imperial House, Hornby Street BURY, BL9 5BN

If you wish to pay by direct debit or credit/debit card please complete the details on the following page.

**1) PAYMENTS BY CREDIT OR DEBIT CARDS: We are unable to process American Express cards
Information marked with a star * must be completed**

*Card Type *Card Number

Start Date (if stated) / *Expiry Date / Issue no. (switch/maestro)

*Card Security Code (last 3 numbers on signature strip) *Amount to be paid £

*Name as written on card

*Cardholders address

Post Code/Zip

*Signature *Date

2) PAYMENTS BY DIRECT DEBIT

The direct debit instruction must be signed and posted to BABCP, we cannot accept emailed copies or photocopies of the form.



**Instruction to your Bank or Building Society
to pay by Direct Debit**

BABCP, Imperial House, Hornby Street, BURY, BL9 5BN



Name and full postal address of your Bank or Building Society

To: The Manager of (Bank/Building Society)

Address

Post code

Originator's Identification Number

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Reference Number (To be inserted by BABCP)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name(s) of Account Holder(s) (Required)

Bank/Building Society account number (Required)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch Sort Code (Required)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instruction to your Bank or Building Society

Please pay BABCP 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 BABCP 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

The Direct Debit Guarantee this guarantee should be detached and retained by the Payer



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
- The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society
- If the amounts to be paid or the payment dates change BABCP will notify you 10 working days in advance of your account being debited or as otherwise agreed
- If an error is made by BABCP or your Bank or Building Society, you are guaranteed a full refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Return all documentation to: Freepost RSHG-HYHY-LSHJ, BABCP, Imperial House, Hornby Street BURY, BL9 5BN

Fax: +44 (0)161 705 4306: Email: babcp@babcp.com

Please do not add information to this page, it has been inserted into the application so that the reverse side of the direct debit form is not used when the form is printed double sided.

Gift Aid Declaration

Name

BABCP Mem. no.

If you are UK taxpayer, your subscription to the BABCP is recognised by the Inland Revenue as a professional expense and is therefore tax-deductible. You may claim it on your annual tax return. **(Any queries from the tax inspector, quote "2310 Tax Reference Birmingham 14 District")**

Alternatively, the BABCP is a registered charity (no. 1098704) and can take advantage of the *Gift Aid* scheme. Why not sign below and let BABCP reclaim your tax on your behalf for our Research Fund? The Research Fund will give grants for research in cognitive behaviour therapy (for which you will be entitled to apply). If all BABCP members did this then we would have about £60,000 p.a. for the fund! In addition, you may wish to give a donation to the Research Fund and you should send a cheque and/or add this to your membership subscriptions and/or future direct debits to be deducted

Please tick and complete as appropriate, sign if you wish BABCP to reclaim your tax and return to the BABCP office.

I wish to make a single donation of £ to the Research

I wish to make an annual donation of £ to the Research

I wish BABCP to reclaim tax on my membership subscriptions

(Please sign the Gift Aid declaration below for us to reclaim the tax on your subscriptions and/or donations ticked above)

I am a UK taxpayer and I wish the British Association for Behavioural and Cognitive Psychotherapies to reclaim tax under ***Gift Aid*** on all subscriptions I will pay from the date of this application until I notify you otherwise.

Signed

Date

1. For your subscription to qualify for tax relief, the amount of income and capital gains tax you pay must be at least equal to the amount of tax that BABCP will reclaim from your donation
2. You cannot claim your tax twice (on your tax return AND ask the BABCP to reclaim your tax. If however you are a higher rate taxpayer, you could still ask BABCP to reclaim your basic tax and you could reclaim the difference of higher rate on your Self-Assessment tax return.
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains, you should cancel your declaration.

Address: _____

Post Code _____

BABCP, Imperial House, Hornby Street, BURY, BL9 5BN
Registered Charity no. 1098704. Vat Reg. no. 732 5316 53