

## APPLICATION FOR MEMBERSHIP OF THE ISPC

Title \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Work Tel. Number \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Present Occupation and employer \_\_\_\_\_

Qualifications

Training

Experience

Other relevant information
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Level of Membership Applied for: Student/Associate/Full/Fellow. (Delete as appropriate)

Code of ethics you are currently adhering to \_\_\_\_\_

Have you included evidence of qualifications/training? Yes/No (Delete as appropriate)

Have you included a letter from your supervisor? Yes/No (Delete as appropriate)

Supervisors Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home Tel Number \_\_\_\_\_

All awards of membership are subject to the confirmation of qualifications from the prospective members training agency and supervisor.

Any prospective member whose application is rejected will receive a full refund.

Please sign below to confirm that you agree to the ISPC's code of ethics.

I \_\_\_\_\_ hereby agree to be bound by the ISPC's code of ethics as described in sections 8-10 of this membership information.

Signature: .....

Please send completed application form with any relevant evidence of qualifications in the stamped addressed envelope and a cheque to the amount of £25.00 (student) / £103.43 (Associate Member or Fellow) or £45.00 (for overseas membership without insurance).

Cheques should be made payable to: The International Society of Professional Counsellors.