



Association for
Psychoanalytic
Psychotherapy in the
National Health Service

Membership application form

Title _____ First name _____ Surname _____

Address (work/home) _____

_____ Postcode _____

Tel: _____ Fax: _____

Email: _____

Professional / Occupational Title (please tick)

- | | | |
|--|--|---|
| <input type="checkbox"/> Psychoanalytic Psychotherapist | <input type="checkbox"/> Psychodynamic Psychotherapist | <input type="checkbox"/> Counsellor |
| <input type="checkbox"/> Mental Health Nurse | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Arts Psychotherapist |
| <input type="checkbox"/> Clinical / Counselling Psychologist | <input type="checkbox"/> Other (please specify) _____ | |

Professional Affiliation (please tick)

- | | | |
|-------------------------------|---|----------------------------------|
| <input type="checkbox"/> BPC | <input type="checkbox"/> UKCP | <input type="checkbox"/> BACP |
| <input type="checkbox"/> NMC | <input type="checkbox"/> BPS | <input type="checkbox"/> RCPsych |
| <input type="checkbox"/> RCGP | <input type="checkbox"/> Other (please specify) _____ | |

Employment Description (Please describe the Service / department etc. where you work: e.g. Location [local authority]; Commissioner; Provider; approximate size [staff number]; patient population; treatments offered etc.)

Direct Contact with Patients (Please tell us how many hours in an average week you spend in direct contact with NHS-funded patients) _____

Please describe other main activities _____

Training in Psychoanalytic Psychotherapy / Psychodynamic Counselling

- | | | |
|---|--|--|
| <input type="checkbox"/> BPC accredited | <input type="checkbox"/> UKCP accredited | <input type="checkbox"/> BACP accredited |
| Qualification: | Qualification: | Qualification: |
| Training provider: | Training provider: | Training provider: |

Other (please specify) _____

Continues overleaf

Where did you hear about the APP? _____

What do you see as the main reason / benefit to you in joining the APP?

- Journal Newsletter Website
 CPD / conferences Research Lobbying / networking

Other (please specify) _____

Your interests _____

Signed _____ (Applicant) Date _____

Payment method

- Membership: £80 per year
 Reduced Fee Membership: £40 per year (for those earning less than £18,000 per year)

Cheque enclosed

Paid by BACS / standing order (annually beginning 1 October)
Sort Code: 51-50-10 Account number: 06949142 National Westminster Bank plc

Your BACS / standing order reference _____

Ethnic / diversity monitoring form enclosed

**Please return completed forms to The Association for Psychoanalytic Psychotherapy in the NHS
Suite 7
19-23 Wedmore Street
London N19 4RU**

We sometimes undertake surveys of our members to try to find out about the state of psychoanalytic psychotherapy services in the NHS. Please tick this box if you are not willing to be contacted by APP for this purpose.

For office use: Received----- Approved ----- Entered-----