

Part 1: General Information

Title (Mr, Mrs, Ms, Dr etc): First Name: Surname:	Correspondence Address:
Daytime Telephone No.:	Email Address: Website:

Part 2: Criteria for Membership

Please check that you meet the criteria for the membership applied for and complete either Part 2a, 2b, or 2c as required.

I wish to apply for:

- | | | | |
|--|-------|--|-------------------------|
| • Full Practitioner Membership | (£28) | <i>Please tick</i>
<input type="checkbox"/> | Please complete Part 2a |
| • Student Practitioner Membership | (£18) | <input type="checkbox"/> | Please complete Part 2b |
| • Associate Membership | (£15) | <input type="checkbox"/> | Please complete Part 2c |

Part 2a: Full Practitioner Membership

	<i>Please tick</i>	
(a) I have a qualification in psychotherapy, counselling, or counselling psychology via a substantive training which has included personal therapy	<input type="checkbox"/>	AND
(b) I have a qualification in forensic psychotherapy	<input type="checkbox"/>	OR
(c) I have two years post qualification supervised practice with forensic clients	<input type="checkbox"/>	

Name and address of College/University:	Qualifications and Year:

Part 2b: Student Practitioner Membership

	<i>Please tick</i>	
(a) I am currently attending a recognised therapeutic training course	<input type="checkbox"/>	AND
(b) I am currently in personal therapy	<input type="checkbox"/>	

Part 2c: Associate Membership

(a) I am currently involved in therapeutic work in a forensic setting	<i>Please tick</i> <input type="checkbox"/>
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Name and Address of Organisation in which the therapeutic work is undertaken:	Brief description of therapeutic work:

Note:

Those individuals who wish to apply under the provisions of Criterion 4 (Special Cases) should contact the Membership Secretary, at the above address, directly for further information.

Part 3: Declaration

I declare that the information submitted is accurate to the best of my knowledge and belief. I declare that I have not currently or in the past been involved in any activity which would bring the Forensic Therapists Association into disrepute.

I understand that any misinformation could cause my membership to be withdrawn.

Signed: _____

(Applicant)

Date: _____

Part 4: Payment

I enclose a cheque (made payable to the Forensic Therapists Association) for:

- | | |
|---|--------------------------|
| | <i>Please tick</i> |
| • Full Practitioner Membership (£28) | <input type="checkbox"/> |
| • Student Practitioner Membership (£18) | <input type="checkbox"/> |
| • Associate Membership (£15) | <input type="checkbox"/> |

Please send payment with this completed form to:

John Baxendale, Treasurer
Forensic Therapists Association
^{c/o} Wealden Psychology Institute
2 Quarry View, Whitehill Road
Crowborough
East Sussex TN6 1JT

Annual Audit

A random 10% of members are selected for audit of the information supplied. If chosen, you will be sent additional paperwork.