

Association for Psychological Accreditation

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EMPATHY
CONGRUENCE
UNCONDITIONAL POSITIVE REGARD

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Home of The International Psychological Standards & Accreditation Council

APA Membership Terms and Conditions



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If you wish to become an APA member, you will have to meet the application and assessment requirements and agree to the following terms & conditions, which are set out below.

Your initial application includes a paragraph entitled 'Applicant's Declaration and Signature' which you sign and return to us. The terms and conditions set out below do not supersede this declaration, they are additional.

Terms and Conditions

1. I confirm that the information provided by me in my membership application is accurate, is not subject to any alteration or change and that by signing the agreement and declaration at the end of these terms and conditions, I confirm and agree that the information I have submitted is true.
2. I confirm and agree that my application request for my chosen membership type is correct, and that I meet the requirements of the specified membership type.
 - a. I confirm and agree that I will abide by the APA Ethical & Professional Conduct Protocols and any amendment or variation that may be made to it and any other formal, written statements that APA may make from time to time, regarding ethical practice
3. I confirm and agree that I will ensure that my personal details are kept up to date.
4. I confirm and agree that I will ensure that I have adequate, current, and ongoing professional indemnity insurance sufficient to my area(s) of practice. Members must ensure that they are covered by adequate indemnity insurance for all areas of their work. We advise members in employment to check that the employer(s)'s indemnity insurance includes and fully covers counselling and psychotherapy.
5. I confirm and agree that I will undertake and record Ongoing Professional Development (OPD) in line with the membership requirements and will abide by and fully cooperate with the APA OPD audit procedure, as may be varied from time to time.

6. I confirm and agree that I will ensure that I have appropriate supervision in place and will abide by and fully cooperate with the APA supervision audit procedure, as may be varied from time to time. If I am an accredited member (APA QAM), I further confirm that my supervision or consultancy arrangements constitute, a minimum of 2 hours per month with a single supervisor.
7. I confirm and agree that I will notify my supervisor(s) that the APA Audit Team (hereinafter referred to as AAT) may make contact to confirm that I have appropriate supervision in place. I hereby agree to provide the AAT with details of my supervisor(s) (should they change from the details given in my application) who may be contacted, and I agree to give authority to that supervisor(s) to disclose such information that the AAT may deem appropriate. I also give full and complete authority to the AAT to contact that supervisor(s) to request such information as may be required in accordance with any enquiry relating to the supervision audit protocol or any disciplinary process.
8. I confirm and agree that I will declare any issues relating to character that may affect my practice. Please refer to the Ethical & Professional Conduct Protocols.
9. I confirm and agree that I understand that professional conduct details will be disclosed to relevant parties, where deemed necessary or obligatory.
10. I confirm, acknowledge, accept, and agree that if my APA membership is terminated, it will only be published where it is in relation to breaches of ethical and professional conduct that put clients at risk. I respect that it may be appropriate, in some circumstances, for the Disclosure and Barring Service and Disclosure Scotland and/or other relevant authorities and employers, if applicable, to be notified.
11. I confirm that I understand and agree that withdrawal of membership, as a result of professional conduct proceedings or failure to comply with the audit requirements, will result in the termination of my membership of APA.
12. I confirm that I am aware that the APA Directory is accessible to the public and as such I agree that information regarding my name, geographical location, registration status, membership status and professional conduct sanctions is freely available, in line with GDPR.
13. I confirm that I will only offer therapeutic supervisory support, (paid and non-paid) following successful completion of an industry-approved course in practical supervision, with a minimum of a certificate in proficiency.



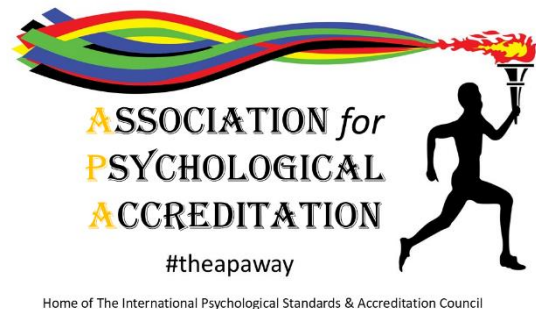
14. I confirm that I will honour the supervisory requirement and accept that to work without a supervisor would equate to being in breach of the Ethical and Professional Conduct Protocols.

15. I confirm that any information that I have given is truthful and that I have provided full, frank, and complete disclosure of all matters that may be relevant to my inclusion as an APA member.

16. I further confirm and agree that if there are any changes to any of the information that I have given, I will notify APA immediately at support@apa-accreditation.co.uk

The terms and conditions are provided here for information only. If you are eligible to join you are welcome to start the application & assessment process today.

A new approach for new results



Contact us

- By telephone: Call our customer service team on 0208 556 4984
- By email: support@apa-accreditation.co.uk
- In writing: Ayanay Psychological Accreditation,
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