

UK MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

This form can be used for new applications to start before 30th June 2016. If you wish to start your membership after this date please download the latest form from our website at www.ppstrust.org or phone us on 0333 320 8074.



OFFICE USE ONLY

Section 1 - Personal Details

1.1 Title
 Dr Miss Mr Mrs Ms Prof Rev Other

1.2 First Name(s)

1.3 Last Name

1.4 Address

1.5 Postcode

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1.6 Home Phone Number

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1.7 Contact Work or Mobile Number

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1.8 Email Address

1.9 Date of Birth

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1.9.1 Correspondence Options
 Tick here if you wish to receive your certificate by email*.
 Tick here if you wish to receive your future renewals by email*.
**Please ensure we have an up to date email address.*

Section 2 - Supplementary Information

2.1 Have you been a member of PPS before? Yes No

If NO, How did you hear about us?

If YES, What was your previous membership number (if known)?

2.2 When do you want your membership to start?

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 DD

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 MM **2016**

Leave blank if it is to start as soon as. (Must be within 28 days of the date form signed. We are cannot backdate start dates)

MEMBERSHIP NUMBER

FEE

DATE RECEIVED

START DATE

NOTES

Section 3 - Professional Information

3.1 Which areas of professional work do you wish covered?

Counselling

Psychology

Psychotherapy

If others, please give details:

3.2 Are you registered with the Health & Care Professionals Council (HCPC)?

Yes

No

If Yes, Please provide us with your Registration number.

3.3 Do you work with under 16s?

Yes

No

If YES it is a requirement of membership that you have a current Criminal Record Disclosure or devolved equivalent (ie Disclosure Scotland / Access Northern Ireland)

3.4 Do you see clients at home?

Yes

No

If YES it is a requirement of membership that you notify your home insurance provider.

3.5 Do you work outside the UK? If so, in which Countries? (public liability not available outside UK & Ireland)

Yes

No

If you have answered Yes to questions 3.2 to 3.4 and need to make a future claim, you will be required to provide evidence at that time. If you have answered Yes to question 3.5, please give details separately as cover has to be approved on an individual basis.

Section 4 - Academic Information

4.1 Are you applying for PPS membership as a

Practicing Professional

—————> You must be professionally qualified and / or a member of a UK professional body.

Student

—————> All work must be supervised. Please provide name of course and academic institution.

4.2 Qualifications / Current Course of Study (Please use page 4 if you need more space)

title of course	academic institution (& tutors name if student)	dates
Is this course accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so by whom?

title of course	academic institution (& tutors name if student)	dates
Is this course accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so by whom?

title of course	academic institution (& tutors name if student)	dates
Is this course accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so by whom?

title of course	academic institution (& tutors name if student)	dates
Is this course accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so by whom?

title of course	academic institution (& tutors name if student)	dates
Is this course accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so by whom?

Section 5 - Professional Associations

5.1 Are you currently a member of a professional association? Yes *No

Details (*If you are not currently a member of a professional association please give details of any ongoing supervision and continuing professional development arrangements under Section 8 - Additional Information on Page 4.)

<i>abbreviated name</i>	<i>full title of professional body</i>	<i>level of membership</i>
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Section 6 - Membership Fees & Payment

6.1 Level of Membership Required
For more information please visit www.ppstrust.org

- STANDARD BRONZE MEMBERSHIP (£58)**
£100,000 Professional Protection, £5 Million Public Liability
- TOP UP SILVER MEMBERSHIP (£94)**
£1,000,000 Professional Protection, £5 Million Public Liability
- TOP UP GOLD MEMBERSHIP (£134)**
£2,500,000 Professional Protection, £5 Million Public Liability

6.2 Choose your method of payment

- Cheque, Postal Order or Bank Draft
(Complete and return this form with payment. Make payable to Psychologists Protection Society)
- Payment by Credit / Debit Card by Telephone
(Complete and return this form. PPS Staff will call you to take your payment. Please ensure your phone number at the top of this page is correct)
- Payment by Credit / Debit card online
(Simply send off this form to the address below. Once we receive this form and it is approved, we will invoice you by email, with details of how to pay – please ensure your email address is correct.)

Section 7 - Declaration

7.1 I declare that:

- (1) During the past five years no claim has been made against me, any employee or supervisee of mine for negligence, error or omission relating to professional duties;**
- (2) I am not aware, after enquiry, of any circumstances which might give rise to a claim against me, any of my employees or supervisees of mine;**
- (3) I will not work outside the United Kingdom (except where approved by PPS).**
- (4) No underwriter in respect of the work that I do has ever refused renewal, terminated an agreement, or imposed special conditions;**
- (5) That all the above information is true and complete and that this membership form shall be the basis of the contract between myself and the company.**
- (6) Once a member of PPS, I will advise PPS of any problems by phone and in writing as soon as possible as assistance cannot be provided retrospectively. I will also inform PPS in writing of any changes in my circumstances or practice**

If there are any amendments to the above declaration please give details on a separate signed sheet.

Signed 	Date 
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please return to;
PPS, The eCentre Centre, Cooperage Way,
Alloa, Clackmannanshire, FK10 3LP

Telephone: 0333 320 8074
Email: enquiries@ppstrust.org
Web: www.ppstrust.org

Section 8 - Additional Information

Please use this page for any additional information in relation to your application.

Signed



Date



please return to;
PPS, The eCentre, Cooperage Way, Alloa,
Clackmannanshire, FK10 3LP, United Kingdom

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