

General Membership – Application Form

Please print clearly

Surname	<input type="text"/>
Forename(s)	<input type="text"/>
Date of Birth	<input type="text"/>
Title	<input type="text" value="Mr / Mrs / Ms / Dr / Other"/> <input type="text" value="Male / Female"/>
Home Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Telephone No	<input type="text"/>
Mobile No	<input type="text"/>
Email Address	<input type="text"/>
Work Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Telephone No	<input type="text"/>
Profession / Discipline	<input type="text"/>
Current Position	<input type="text"/>

1. Are you currently a trainee? Yes / No

If yes, please give course details and the contact information for the course director.
COSRT will seek confirmation of your registration.

Course Director:

Course:

Email:

2. Do you currently practice as:

a psychosexual therapist? Yes / No

a relationship therapist? Yes / No

a psychosexual and relationship therapist? Yes / No

If you answer 'yes' to any of the above please answer the following:

i. What training and qualifications have you completed?

ii. How much supervision do you receive?

iii. What professional indemnity insurance do you hold?

Have you provided proof of insurance cover for your stated profession?

Yes / No

3. If you have answered 'no' to the above please state:

Your profession:

What is your professional interest in joining COSRT?

What training and qualifications have you completed?

What professional indemnity insurance do you hold for your stated profession?

Have you provided proof of insurance cover for your stated profession?

Yes / No

PLEASE ATTACH A COPY OF YOUR CURRENT CV AND INSURANCE CERTIFICATE WITH THIS APPLICATION. INSURANCE LEVEL IS TWO MILLION POUNDS SEE PRACTICE GUIDELINE 10.

REFERENCES

- **If you are applying to re-instate Accreditation within a two-year break, as per document M17, please only submit a current supervisors reference. All other applicants please follow the below instructions.**
- Please provide the names and addresses of three referees from different settings (see below);
- Please seek permission from your referees before submitting their names;
- COSRT will send for references;
- Please inform your referees that only the form sent by COSRT is acceptable as a reference and that in order for the application form to be processed and accepted by COSRT all questions **MUST** be completed by the referee otherwise the form will be returned. Where appropriate the referee should use NOT APPLICABLE to prevent delay;
- Your application will not be considered until your references have been received.

Character Reference (someone who has known you, and your work, for three or more years).

Name:

Address:

Email:

Professional Reference One (current supervisor or equivalent). If your current supervisor has known you for less than one year, please provide the name, address and email of your previous supervisor as well.

Name:

Address:

Email:

Professional Reference Two (line manager). If you are self-employed, provide the name of a colleague who has known your work for two or more years.

Name:

Address:

Email:

DECLARATIONS

I confirm I support the following conditions:

1. I confirm that I have read the [COSRT Codes of Ethics and Practice for General and Accredited Members](#) and the [General Terms and Conditions of Membership and Supervisor Accreditation](#). If accepted for General Membership, I confirm I will abide by these Codes and other Governing Documents.
2. I will work to uphold anti-discriminatory practice and comply with clause 3.5 and its sub-clauses of the Codes of Ethics and Practice for General and Accredited Members.
3.5.1 Anti-discriminatory practice should underpin all professional activities. The value and dignity of Clients must be recognised at all times. The Member must work in ways that respect the individuality of the Clients and colleagues with regard to issues of difference, such as religion, race, gender, age, beliefs orientation, sexuality and disability.
3.5.2 Issues of prejudice and stereotyping are universal. Members have a duty to bring possible prejudices into their conscious awareness and to consider ways in which this may affect the therapeutic process.
3.5.3 Attitudes, assumptions and values can be identified by the language used and interventions offered. Members must ensure that interventions offered are culturally acceptable to Clients.
3.5.4 Autonomy and right to self-determination of Clients and of others with whom they may be involved must be protected, subject to the limits of confidentiality and safety.
3. COSRT as an organisational member of UKCP supports the UKCP statement on the 'reparative' therapy of members of sexual minorities. I agree to comply with this document. www.psychotherapy.org.uk/reparative_therapy_statement.html
4. I declare I have not had any complaints upheld against me by any professional body and I have not had my membership of any professional organisation terminated on the grounds of professional misconduct.
5. I understand that any complaint made against me will be taken forward by COSRT under the current complaints procedure.
6. I declare that I have not been convicted of any sexual offence.

Signature:

Date:

PLEASE BE SURE TO SEND A COPY OF YOUR CURRENT CV AND INSURANCE CERTIFICATE WITH THIS APPLICATION. INSURANCE LEVEL IS TWO MILLION POUNDS SEE PRACTICE GUIDELINE 10. YOUR APPLICATION CANNOT BE CONSIDERED BY THE MEMBERSHIP PANEL UNTIL ALL DOCUMENTS ARE RECIEVED.