



**This Form is for an Application for Membership of IPSS as an Individual Adult Psychotherapist; for use only by a Current and Accredited member of UKCP's CPJA (College of Psychoanalysis and Jungian Analysis. ) either through one of its member organisations or by direct membership..**

- Please complete all fields requested
- Insurer and Policy Number: These details **must** be completed
- Supply two recent professional references, one of which should be a Supervisor that knows your psychoanalytic work well.
- The Application fee is £100. Payment is made by Direct Bank Transfer please use Sort Code: 09-07-21 Account No: 71533283 and quote your surname and first initial as the reference. Please send an email to Paola Turner Administrator confirming that you have made payment.; email is **info@ipss-psychotherapy.org**

This form consists of three pages. Please complete all three and return them by the above email to Paola Turner, IPSS Administrator, along with; Your Letter of Application and a full CV. Details on completing the letter is included in the Guidance Sheet attached.

NAME	
ADDRESS	

DAYTIME TELEPHONE		MOBILE
E-MAIL		

DATE OF BIRTH	
OCCUPATION: MAIN	
OTHER	



PROFESSIONAL QUALIFICATIONS IN PSYCHOTHERAPY:	
YR.	
YR.	
YR.	

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS: ONE OF WHICH MUST BE CPJA ACCREDITED MEMBERSHIP.	
UKCP MEMBERSHIP NUMBER.	
YEAR OF INITIALCPJA/ UKCP REGISTRATION.	
YEAR OF CPJA/UKCP RE-ACCREDITATION. IF QUALIFIED FOR MORE THAN 5 YEARS AGO.	
CONFIRM YOUR MODALITY OF PRACTICE IS PSYCHOANALYTIC. IN ACCORD WITH CPJA REQUIREMENTS. *(SEE BELOW)	YES/NO.

COMPLAINTS	
HAVE YOU HAD ANY COMPLAINTS AGAINST YOU SINCE EITHER YOUR QUALIFICATION OR RE-ACCREDITATION, WHICHEVER IS THE MOST RECENT.	YES/NO.
WHAT WAS THE OUTCOME?	



PROFESSIONAL REFERENCES: ONE OF WHICH MUST BE A SUPERVISOR.	
REFEREE 1. STATE RELATIONSHIP AND CONTACT DETAILS.	
REFEREE 2. STATE RELATIONSHIP AND CONTACT DETAILS.	

PROFESSIONAL LIABILITY INSURANCE: (IF YOU ARE COVERED BY THE INSURANCE ARRANGEMENTS OF AN INSTITUTION, E.G. HOSPITAL, PLEASE GIVE THE NAME AND ADDRESS)	
INSURER:	
POLICY NUMBER:	

In returning this form you confirm that if offered membership of IPSS you will undertake to be familiar with and to abide by the IPSS Code of Ethics, Code of Practice & Complaints Procedure and are in accord with the stress placed by IPSS upon social and cultural awareness, and the way understanding of these issues is embedded in the practice of psychotherapy.

\* Taken from the CPJA statement on Modality. - 'Psychoanalytic Psychotherapy is based on psychoanalytic practice and theory. It endeavours to reach the underlying, often unconscious causes of distress. Together with the therapist, the client can explore free association, memories, phantasies, feelings and dreams, relating both to the past and present. In the reliable setting of the therapy (which allows for regression) and in the exploration of the interaction with the therapist, especially within the transference and counter-transference, the client may achieve a new and better resolution of long standing conflicts'