

**ANNUAL CONTINUING PROFESSIONAL DEVELOPMENT
MONITORING FORM RELATED TO
UKCP PSYCHOTHERAPEUTIC COUNSELLOR AND
INTERSUBJECTIVE PSYCHOTHERAPIST RE-REGISTRATION**



Name: _____

Email: _____

Telephone: Day _____ Evening _____

UKCP Title: _____

Date of UKCP Registration _____ **Year** _____ **in 5 yearly CPD cycle**

Minimum Clinical Practice: 2 clients weekly, 80 hours annually (4 clients weekly in first 5 years post-registration)	Number of clients weekly Annual client hours
Minimum Supervision: 18 hours annually	Supervision arrangements
<p>CONTINUING PROFESSIONAL DEVELOPMENT</p> <p>CPD 250 HOURS OVER 5 YEARS. MINIMUM REQUIREMENT 20 HOURS ANNUALLY</p> <p><i>Required Elements</i></p>	
Minimum Advance training: 20 hours annually	
Personal development	
Professional insurance	Name of Provider Current Indemnity £ Renewal date

CONTINUING PROFESSIONAL DEVELOPMENT	
Other Elements	
Conference attended:	
Contribution to profession	
Publications and Presentations	
Ethics and Complaints	<p>Have any complaints been made against you?</p> <p>If so what was the outcome?</p>

Supervisor's recommendations regarding re-registration (please tick one of the following):

Yes	
No	
Conditional yes (please state any conditions to be met, and any checks to be made at next annual registration and/or five yearly registration)	Recommendations to be met and by when:

Supervisor's Name (print): _____

Qualifications: _____

Signature _____ **Date:** _____

Please tick box:

- ☐ **I have discussed my Continuing Professional Development with my supervisor**
- ☐ **I am a paid-up member of the Northern Guild for Psychological Solutions**
- ☐ **I agree to abide by the Codes of Ethics and Practice of Northern Guild Psychological Solutions**
- ☐ **I have a DBS check in place**
- ☐ **Previous Annual CPD monitoring form seen and agreed**

Signature: _____ **Date:** _____

Signature of Registrar _____ **Date:** _____