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| **ACTO Senior Professional Membership Application Form**  **Level 3** |

If you are unsure what level your online qualification is, please refer to your Online Training Provider who will provide you the information.

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| **Surname:** |  | **First name:** |  |

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| **Home Address** (including post code and country): | | |  | | | |
| **Telephone** (Mobile & Home): | | |  | | | |
| **Email:** |  | | | | | |
| **Professional Qualification(s):** | | | | **Date(s):** | | **Training Organisation(s):** |
|  | | | |  | |  |
| **ACTO Online Therapy Qualification Level 3**  **OR**  **ACTO Online Therapy Qualification Level 2 & an ACTO Online Supervisor Qualification** | | | | **Date(s):** | | **ACTO Approved Online Training Provider Name:** |
|  | | | |  | |  |
| **Professional Membership(s):** | | | | | | **Membership Number(s):** |
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| **Online Supervisor Name:** | | | | | | **Online Supervisor Reference:** |
|  | | | | | | Please attach a copy of your Supervisor reference with your other documents. You should download the template from the website. https://acto-org.uk/acto-level-3-senior-professional-member/ |
| **Have you been a prior or lapsed ACTO member before? If possible, please provide membership number:** | | | | | | |
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| **Declarations:** | | | | | | |
| **Please read and indicate your responses to the following declarations and then date and sign at the end of this section** (either by putting in your signature as a jpg or similar file or by typing your name)**.** | | | | | | |
| **THERAPIST DIRECTORY ENTRY ENHANCED**  You are eligible to be included in our Therapist Directory Enhanced as part of your membership fee, please indicate your consent to be included or not | | | | | | **I WISH TO BE INCLUDED IN THE THERAPIST DIRECTORY ENHANCED**  **I DO NOT WISH TO BE INCLUDED IN THE THERAPIST DIRECTORY ENHANCED** |
| **ONLINE SUPERVISOR DIRECTORY ENTRY**  You need an ACTO Online Supervisor qualification to be eligible and there is an additional fee of £15 | | | | | | **I WISH TO BE INCLUDED IN THE ONLINE SUPERVISOR DIRECTORY** |
| **PROFESSIONAL COMPLAINT OR OTHER DISCIPLINARY PROCEEDINGS** | | | | | | **I CONFIRM I AM NOT** THESUBJECT OF THESE  **I CONFIRM I AM** THE SUBJECT OF THESE  (Please provide further details on a separate page) |
| **PROFESSIONAL INDEMNITY INSURANCE** | | | | | | **I CONFIRM** I HAVE INSURANCE |
| **PERMISSION TO BE INCLUDED IN THE ACTO Register on the ACTO website**  ACTO would like to include your name and membership number on its website | | | | | | **I CONSENT** TO BE INCLUDED  **I DO NOT CONSENT** TO BE INCLUDED |
| **PERMISSION FOR ACTO TO SEND YOU NEWSLETTERS & EMAILS**  ACTO would like to send you newsletters & emails for the purposes of keeping you informed of its current developments & providing relevant information | | | | | | **I CONSENT** TO RECEIVE THESE  **I DO NOT CONSENT** TO RECEIVE THESE |
| **STORAGE AND USE OF YOUR DATA UNDER GDPR** | | | | | | **I CONSENT** TO ACTO STORING & PROCESSING THE INFORMATION I HAVE PROVIDED IN MY APPLICATION.  **I DO NOT CONSENT** TO ACTO STORING & PROCESSING THE INFORMATION I HAVE PROVIDED IN MY APPLICATION. |
| **YOUR DECLARATION** | | | | | | **I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.** |
| **Your agreement to abide to the ACTO current Code of Ethics** | | | | | | I agree as an **ACTO Member** to abide by its current Code of Ethics**:** <https://acto-org.uk/professional-conduct-code-ethics/> |
| **Signed: Date:**  *(If you don’t have a digital signature please type your name* | | | | | | |
| **Payment Information:** (all fees are payable annually) | | | | | | |
| Membership Fee:  **£60.00** | | If you have selected an Online Supervisor Directory Entry there is an additional fee of:  **£15.00** | | | **\*NEW\***  **If you would like to pay by Direct Debit through GoCardless, please contact us for more details** | |
| **UK PAYMENTS**  **Account Name:** Association For Counselling And Therapy Online  **Sort Code:** 60-83-01  **Account Number:** 20424611  **Reference**: Your full name + membership number | | | | | | |
| **INTERNATIONAL PAYMENTS**  **Account Name:** Association For Counselling And Therapy Online  **IBAN:** GB93NWBK60023571418024  **BIC:** NWBKGB2L  **Bank Name:** Unity Trust Bank  Bank Address: Unity Trust Bank plc, Planetary Road, Willenhall WV1 9DDG  **Reference**: Your full name + membership number + ACTO  **ACTO Address for International Transfers:** 19b Front Street, Sacriston, County Durham DH7 6JS, United Kingdom (*Please not use this for any other purpose*). | | | | | | |
| **Application Checklist:** | | | | | | |
| **Please send your completed application form to** [admin@acto-org.uk](mailto:admin@acto-org.uk) **either via email or WeTransfer including the following documents**:   1. Professional Qualification certificate(s) 2. Proof of current membership of your professional body (this must show an expiry date) 3. Level Three Online Training 'Diploma' from an ACTO Approved Online Training Provider   **OR**  Level 2 Online Training 'Certificate' from an ACTO Approved Online Training Provider & an ACTO Online Supervisor Qualification   1. Supervisor Reference 2. ACTO Online Supervisor Qualification (if you wish to be included in the Online Supervisor Directory) 3. Professional Indemnity Insurance   Please ensure you complete all the Declaration statements to ensure your application is processed without any delays.  **Please note that your membership will not be complete until we have your full application, payment and requested documents.**  **Please allow up to 10 working days for us to process your membership application.**  **With thanks, ACTO Administration** | | | | | | |