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| **ACTO Upgrade Membership Application Form**  **From Student to Level 1 Professional Member** |

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):** |
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| **ACTO Online Therapy Qualification Level 1:** | | | **Date(s):** | **ACTO Approved Online Training Provider Name:** |
|  | | |  |  |
| **Professional Membership(s):** | | | | **Membership Number(s):** |
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| **Supervisor Name:** | | | | **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/actolevel1member/> |
| **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**  You are eligible to be included in our Therapist Directory as part of your membership fee, please indicate your consent to be included or not | | | | **I WISH TO BE INCLUDED IN THE THERAPIST DIRECTORY**  **I DO NOT WISH TO BE INCLUDED IN THE THERAPIST 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) | | | | |
| Upgrade from Student to Professional level is free of charge for the remainder of your current membership year | | | | |

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| **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. ACTO Online Therapy Qualification Level 1 certificate 4. Supervisor Reference   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 and requested documents.**  **Please allow up to 10 working days for us to process your membership application.**  **With thanks, ACTO Administration** |