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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:** |
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| **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 **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** |