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| **Part 1 About You** | |
| **Your Name** |  |
| **Date of birth** |  |
| **Address (inc. country)** |  |
| **Email** |  |
| **Mobile** |  |
| **Date of Application** |  |
| **Professional Membership Body:** *(include all relevant professional bodies and membership number)* |  |

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| Part 2 Your Training, Experience and Supervision | | | | | |
| **Course/Workshop details** | | **Organisation** | **Year** | **Hours** | **Format** |
| Section 1: Face to Face (F2F) Training and Online Training | | | | | |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
|  | |  |  |  | Live chat  Email  Audio  Video  Other  F2F |
| Section 2: Relevant Experience in Working Online | | | | | |
|  | |  |  |  | Live chat  Email  Audio  Video  Other |
|  | |  |  |  | Live chat  Email  Audio  Video  Other |
|  | |  |  |  | Live chat  Email  Audio  Video  Other |
|  | |  |  |  | Live chat  Email  Audio  Video  Other |
|  | |  |  |  | Live chat  Email  Audio  Video  Other |
| Section 3: Supervisor/Independent referee Please supply the details of a referee to support your application. Your referee should know you professionally and know about your online work. Please ask your referee to send their completed reference directly to [office@acto-org.uk](mailto:office@acto-org.uk) with your name in the subject field with “grandparenting route” in brackets after your name. | | | | | |
| **Referee Name & Email:** |  | | | | |

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| Part 3 Personal Reflection describing your experience of online therapy |
| Please ensure you anonymise any client material you refer to. Describe your prior experience of online therapy, including references to the formats used and the ACTO competences. You are aiming to demonstrate your understanding of the various technical and experiential aspects of online therapy. Your personal reflection should be around 1,500 words. You should include a link to your website, if possible. Include your understanding of the software you use (e.g. Zoom, Word, file storage systems, contracting) as part of this personal reflection to demonstrate that you have sufficient digital skills to manage an online client in a variety of difficult situations.  **PLEASE SEND AS A SEPARATE PDF ATTACHMENT** |

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| Part 4 Case study |
| Anonymising your example, use an experience of online therapy, from one or more sessions, to demonstrate your understanding of the various clinical aspects of online therapy to include at least two different (anonymous) clients from actual case work. Your case study should be between 2,500-4,000 words. We would ask you to pay particular attention to situations where you learned from your experience about how to improve your delivery of online therapy. **PLEASE SEND AS A SEPARATE PDF ATTACHMENT** |

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| Part 5 Information Pack |
| Please send us your online practice information pack, eg. contract, “about me”, client information requested.  **PLEASE SEND AS A SEPARATE PDF ATTACHMENT** |

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| Part 6 Confirmation of your application | |
| I confirm that my **Section 3 Personal Reflections and Case Study** enclosed above is drawn from my own work, and that the learning and experience set out in **Part 2** are a true reflection of my training to work online and accompanying experience and supervision. | |
| **Signature** | **Date** |
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| Part 7 Declarations and Agreements | |
| Please answer both of the following declarations. | |
| 1. I am not currently the subject of any professional complaint or other disciplinary proceedings | Yes  No |
| 1. I am currently the subject of a professional complaint/disciplinary proceedings, details of which are given on a separate page. | Yes  No |
| Please confirm your agreement to each of the following statements. | |
| I declare that the information I have provided is true and correct to the best of my knowledge. | Yes  No |
| In compliance with GDPR, I give consent for ACTO to store and process the information I have provided in my application. | Yes  No |
| I give consent for my name and membership number to be listed on the publicly searchable ACTO membership list at [www.acto.org.uk](http://www.acto.org.uk) | Yes  No |
| I give consent for ACTO to send me occasional newsletters/emails for the purposes of keeping me informed of its current developments and providing relevant information (please delete as appropriate). | Yes  No |
| I agree as an **ACTO Professional Member** to abide by its current Code of Ethics: <https://www.acto.org.uk/professional-conduct-code-of-ethics/> | Yes  No |
| Your digital signature confirming your request to become an ACTO Senior Professional Member |  |
| Date of signature |  |

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| Part 8 Payment Information |

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| Application Process through the Grandparenting route including assessment of Parts 3 & 4 above, and all accompanying administration. *(This does not include ACTO membership)*  *This amount will be invoiced immediately and work will start on your application once payment is received.* | £140 |
| Please provide your invoicing organisation and address if different from your personal details provided in Part 1. |  |

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| Part 9 Submitting your Application | |
| **Please send this completed application form together with the following documents to** [office@acto-org.uk](mailto:office@acto-org.uk) **via** <https://wetransfer.com/>. Please put your name in the subject field with “grandparenting route” in brackets after your name. Thank you. | |
| 1. Face to Face Qualification certificate(s) | Yes  No |
| 1. Proof of current membership of your professional body (ies) (this must show an expiry date) | Yes  No |
| 1. Online Counselling Qualification certificate(s) (if you have any) | Yes  No |
| 1. Your Personal Reflection and Case Study | Yes  No |
| 1. Your Information Pack | Yes  No |
| 1. Supervisor’s Report | Yes  No |
| Please allow up to **60 working days** for us to process your application. We will acknowledge your application within **10 working days**. | |

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| Notes, Terms and Conditions | |
|  | We do not permit any conference attendance at all. Any course attendance must be more than 10 hours and appropriately certificated to show this. Preference will be given to courses that involve marked coursework. |
|  | All grandparenting route applications for Senior Professional Membership of ACTO are required to be submitted to the ACTO Board of Directors. Applicants should expect to wait two months for a reply, though in practice this should usually be a lot less. |
|  | All paperwork and any correspondence should be sent to the ACTO Grandparenting Route Administrator at [office@acto-org.uk](mailto:office@acto-org.uk). |
|  | Whilst the ACTO Board of Directors decision is final you will be allowed to make a second application after a delay of three months. A maximum of five applications will be allowed after which you will no longer have the right to apply for ACTO Senior Professional Membership. You will need to pay in full for each application the sum of £125.00. |
|  | Your will be required to pay for the application to the grandparenting route at the outset and work on reviewing your paperwork will only start once payment has been received. |
|  | The ACTO Grandparenting Route Administrator will manage all applications and will liaise with both assessors and the Board of Directors. This administrator will be your sole point of contact. |
|  | After the team finish assessment of your portfolio you will be invited to a 30 minute Zoom meeting with the assessors to discuss case study and essay. |