ACTO Membership Application

Grandparenting Route (ACTO Member)

## Summary of Online Therapy Training and Experience

Please note: this form is 6 pages long and all parts must be completed or your application may be delayed.

Please see the Notes, Terms and Conditions section at the end.

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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 refereePlease 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 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 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 5 Confirmation of your application |
| I confirm that my **Section 3 Personal Reflections** 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://acto-org.uk/professional-conduct-code-ethics/>  | [ ]  Yes [ ]  No |
| Your digital signature confirming your request to become an ACTO 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 Part 3, and all accompanying administration. (This fee does not include ACTO membership.*This amount will be invoiced immediately and work will start on your application once payment is received.* | £60 |
| 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 **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
 | [ ]  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 ACTO membership 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.  |
|  | 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 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. |