

UK MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS IN BLOCK LETTERS

This form can be used for new applications to start before 30th June 2010. If you wish to start your membership after this date please download the latest form from our website at www.ppsweb.info or phone us on 0845 053 1182.



OFFICE USE ONLY

Section 1 - Personal Details

Title Dr Miss Mr Mrs Ms Prof Rev Other

First Name(s)

Last Name

Address

Postcode

Home Phone

Work / Mobile

Email

MEMBERSHIP NUMBER

FEE

DATE RECEIVED

START DATE

NOTES

Section 2 - Supplementary Information

Have you been a member of PPS before? Yes No

If YES, What was your previous membership number (if known)?

If NO, How did you hear about us?

When do you want your membership to start? DD MM 2010

Leave blank if it is to start as soon as. (We are unable to backdate start dates)

Section 3 - Professional Information

Which areas of professional work do you wish covered?

Counselling Psychology Psychotherapy

If others, please give details:

- Are you in a profession regulated by the Health Professionals Council?
 Yes No
 If YES it is a requirement of membership that you are a member of HPC.
 Restricted occupations include Arts Therapies (Art, Drama, Music) & Psychology
- Do you work with under 16s?
 Yes No
 If YES it is a requirement of membership that you have a current Criminal Record Disclosure or devolved equivalent (ie Disclosure Scotland / Access Northern Ireland)
- Do you see clients at home?
 Yes No
 If YES it is a requirement of membership that you notify your home insurance provider.
- Do you work outside the UK?
 Yes No
 If so, in which Countries? (public liability not available outside UK & Ireland)

If you have answered Yes to questions 1-3 and need to make a future claim, you will be required to provide evidence at that time.
 If you have answered Yes to question 4, please give details separately as cover has to be approved on an individual basis.

Section 4 - Academic Information

Are you applying for PPS membership as a

Practicing Professional

You must be professionally qualified and / or a member of a UK professional body.

Student

All work must be supervised. Please provide name of course and academic institution.

Qualifications (including when and where obtained)

Section 5 - Professional Bodies

Are you a member of a professional society?

Yes

No

Name of Societies (Write in full, no abbreviations please)

Section 6 - Payment

Please tick box to indicate your preferred method of payment

Personal Cheque

(Note: enclose with this form and make payable to PPS, address below)

Postal Order or Bankers Draft

(Note: enclose with this form and make payable to PPS, address below)

Payment by credit or debit card online using "NoChex"

(Note: You do not need to enclose any financial details with this form. Simply send off this form to the address below.

Once we receive this form and it is approved, we will invoice you by email, with details of how to pay – please ensure your email address is correct and legible in section 1. (You will incur a charge of £1.00 to pay with a credit or debit card.)

Section 7 - Declaration

I declare that:

- (1) *During the past five years no claim has been made against me or any employee of mine for negligence, error or omission relating to professional duties;*
- (2) *I am not aware, after enquiry, of any circumstances which might give rise to a claim against me or any employee of mine;*
- (3) *I will not work outside the United Kingdom (except where approved by PPS).*
- (4) *No underwriter in respect of the work that I do has ever refused renewal, terminated an agreement, or imposed special conditions;*
- (5) *That all the above information is true and complete and that this membership form shall be the basis of the contract between myself and the company.*
- (6) *Once a member of PPS, I will advise PPS of any problems by phone and in writing as soon as possible as assistance cannot be provided retrospectively. I will also inform PPS in writing of any changes in my circumstances or practice*

If there are any amendments to the above declaration please give details on a separate signed sheet.

Signed



Date



Please return to;
PPS, Unit 32, Alloa Business Centre,
Whins Road, Alloa, Clackmannanshire, FK10 3SA
Telephone: 0845 053 1182
Email: enquiries@ppsweb.info
Web: www.ppsweb.info