

# WORLDWIDE MEMBERSHIP APPLICATION

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](http://www.ppsweb.info) or phone us on 0044 845 053 1182.



OFFICE USE ONLY

MEMBERSHIP NUMBER

FEE

DATE RECEIVED

START DATE

NOTES

## Section 1 - Personal Details

Title  Dr  Miss  Mr  Mrs  Ms  Prof  Rev  Other

First Name(s)

Last Name

Address

Home Phone

Work / Mobile

Email

## 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:

Do you see clients at home?  Yes  No *If YES it is a requirement of membership that you notify your home insurance provider.*

*If you have answered Yes and need to make a future claim, you will be required to provide evidence at that time.*

Do you work outside your country of residence?  Yes  No *If so, in which Countries?*

*If you have answered Yes 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 a member of a professional body in your country of residence.*  
 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 (Payment must be in £Sterling)


- 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)*

## 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 my Country of Residence (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, United Kingdom  
Telephone: 00 44 845 053 1182  
Email: enquiries@ppsweb.info  
Web: www.ppsweb.info