

Non-Registered Membership Application Pack

Please consult the following documents which can be found on the COSRT website:

* COSRT Non-Registered Membership Requirements and Information
* COSRT Code of Ethics and Practice
* COSRT Conduct Procedure and Sanctions Protocol
* COSRT’s Articles of Association
* Terms and Conditions of Membership and Accreditation
1. Notes

This form is for applications to non-Registered categories – Affiliate, Student, Professional Associate, and Retired.

Please read the relevant ‘Requirements and Information’ document. This contains the criteria you must meet for the membership categories. It also includes key commitments you make in applying for and holding membership.

As a Member you must support the objects as laid down in the COSRT Articles of Association and comply with COSRT’s Code of Ethics and Practice, Terms and Conditions of Membership and Accreditation, and Terms and Conditions of Registers. By submitting your application and/or paying your subscription you will be agreeing to abide by the terms and conditions set out in this application form and all documents referred to in it.

1. Fees

|  |  |  |
| --- | --- | --- |
| Category | Full annual subscription | Reduced annual subscription |
| Affiliate | £80 | £65 |
| Student | £110 | £88 |
| Professional Associate | £150 | £120 |
| Retired | £90 | £75 |

Fees should not be paid until you have received written confirmation (by email or online via the website) from COSRT that your application has been accepted, after which payment of the fee can be made. Your membership will commence following acceptance of your application and receipt of payment of the fees in cleared funds.

1. Personal Details

Surname

Forename(s)

Date of Birth

Title [ ]  Mr [ ]  Mx [ ]  Mrs [ ]  Miss [ ]  Ms. [ ]  Other (please state)      [[1]](#footnote-1)

Home Address

Postcode

Telephone

Email

1. Membership Category Applied For

Affiliate [ ]

Student [ ]

Professional Associate [ ]

Retired [ ]

1. Current Profession

Psychosexual and Relationship Therapist  [ ]  Yes [ ]  No

Relationship therapist [ ]  Yes [ ]  No

Generalist therapist  [ ]  Yes [ ]  No

Psychologist [ ]  Yes [ ]  No

Psychiatrist [ ]  Yes [ ]  No

Nurse  [ ]  Yes [ ]  No

Doctor  [ ]  Yes [ ]  No

Allied Health Professional  [ ]  Yes [ ]  No

Other (please give details)

Are you working towards COSRT Registered Membership?  [ ]  Yes [ ]  No

1. All Applicants - Practice Requirements
2. ALL APPLICANTS please complete if you engage in any practitioner activity.

What professional indemnity insurance do you hold?

Do you declare you meet all practice requirements[[2]](#footnote-2)? [ ]  Yes [ ]  No

Do you declare that you meet all supervision requirements[[3]](#footnote-3)? [ ]  Yes [ ]  No

1. Retired Membership
2. Note that if you do return to practice at any point, you must inform COSRT immediately and follow all relevant COSRT guidelines. Submission of your application denotes that you agree to do so. By submitting this application, you are also committing that you will not undertake any practice as a Psychosexual and Relationship therapist for the duration of your membership as a Retired Member.

Are you a current COSRT Member? [ ]  Yes [ ]  No

When were you awarded COSRT Registrant status?

Have you retired or are you taking a career break?  [ ]  Retired [ ]  Break

When did you leave practice?

Will you return to practice within 12 months?[[4]](#footnote-4) [ ]  Yes [ ]  No

1. Student Membership
2. Training Course (COSRT-Accredited)

Title of course and qualification

Training provider

Start date

Expected end date

Number of supervised practice hours in placement

1. Training Course (Not Accredited by COSRT)

If your course is not COSRT-Accredited please attach a letter from your place of study, on headed paper, dated within the last 12 months and signed by a course official. The letter must include the following information:

* Course title, start and end dates.
* Your current year of study.
* Confirmation you are doing classroom study.
* Details of any supervised placement within the course.
1. Training Course Leader

Surname

Other name(s)

Job title

Email

Telephone

1. Reduced fees
2. ALL APPLICANTS. If you wish to apply for reduced fees, please indicate which benefit(s) you receive and attach evidence to your application.

Job Seekers Allowance (JSA)  [ ]

Income Support  [ ]

Housing Benefit  [ ]

Employment and Support Allowance (ESA)  [ ]

Incapacity Benefit  [ ]

Severe Disability Allowance  [ ]

Universal Credit [ ]

1. Supporting Documents
2. Please ensure you attach copies of the following supporting documents when submitting your application.
* Evidence of Insurance if applicable [ ]
* Evidence of benefits if applicable [ ]
* Evidence of use of title if applicable [ ]
1. Disclosure

It is important that you complete this section in full. Please note that disclosure of any information does not automatically exclude you from COSRT membership. However, failure to disclose such information may result in a refusal or termination of membership.

Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974?

[ ]  Yes [ ]  No

Have you ever been refused/expelled from membership of any professional body/register on the grounds of professional misconduct?

[ ]  Yes [ ]  No

Have you ever been the subject of any civil claim brought against you, other disciplinary action, investigation, proceeding or enquiry?

[ ]  Yes [ ]  No

Are you currently or likely to be the subject of any disciplinary action, investigation, proceeding or enquiry?

[ ]  Yes [ ]  No

Is your fitness to practise impaired for any reason including health or personal circumstances?

[ ]  Yes [ ]  No

Are there any other factors which could call into question your suitability for membership?

[ ]  Yes [ ]  No

If you have ticked ‘Yes’ to any of the above, please provide a full and comprehensive signed statement including details of the circumstances surrounding the disclosure. If you have any convictions, please list your unspent conviction(s) on a signed attachment or by calling COSRT. Under the Rehabilitation of Offenders Act 1974, certain convictions will become spent after a certain amount of time. If you have been convicted of a criminal offence you must declare your unspent convictions but do not need to declare ones that are spent. For guidance on whether or not a conviction is spent please speak to the Citizens Advice Bureau, NACRO or the relevant Government department. All material information relating to your application must be disclosed. It is your responsibility to ensure that you declare all relevant information.

1. Data Protection

All of the personal information that you supply on this form will be processed by COSRT in accordance with our Data Protection Policy which you can find on our website at <https://www.cosrt.org.uk/members-and-professionals/gdpr/>.

If you have any questions about how we handle your personal information please contact us at info@cosrt.org.uk

The Reduced Fee and Declaration sections of the application form contain questions that may ask you to disclose sensitive personal information to us. Some of these questions relate to incapacity benefits, severe disability allowance, unspent convictions and fitness to practise.

If you have provided us with sensitive information relating to your health or criminal convictions or offences in response to any of these questions, data protection law imposes stricter rules around how we handle that data. COSRT needs your explicit consent to hold and process this information. Therefore, please sign and enclose the consent statement below and return it to us with your completed application form. If you do not consent to us holding this information, it may not be possible for us to process your application fully.

I consent to COSRT using the information which I have disclosed on this form relating to my health and/or criminal convictions or offences for the purposes of processing my application for membership of COSRT.

Name:

Signature:

Date:

You can withdraw your consent at any time. To withdraw the consent you are giving on this part of the application, please contact us at contact memberships@cosrt.org.uk or call us on this number 02081069635.

1. This space is left blank intentionally
2. Declarations

I confirm that:

1. I have read, understood and agree to uphold and abide by the terms set out in this Application Pack.
2. I have read, understood and agree to uphold and abide by COSRT’s current Code of Ethics and Practice as amended from time to time. I also agree to abide by the Code of Ethics and Practice for Supervisors as amended from time to time, if my work involves conducting supervision.
3. I will not advocate or use conversion therapy, which assumes that any one sexual orientation or gender identity is superior to or preferable to any other. I will not seek to work in such a way as to impose or attempt to impose change in a Service User’s self-determination of sexual orientation or gender identity.
4. I understand that I will be subject to the Professional Conduct Procedures and the associated protocols of COSRT should any complaint arise against me during my period of membership.
5. I agree to observe and be bound by the Terms and Conditions of Membership and Accreditation (including the policies, codes and other documents set out therein), COSRT’s Articles of Association, the COSRT Code of Ethics and Practice, the COSRT Conduct Procedure and Sanctions Protocol and the other Governing Documents of COSRT including any other rules, regulations, policies and procedures for the time being in force, in each case as may be varied from time to time.
6. I confirm that I do not have an unspent criminal record, or I attach details of unspent convictions to be taken into account in considering this application for membership.
7. I confirm that I have not been dismissed from employment for any reason, or refused/ expelled from membership of a professional body/register on any grounds, OR I attach details of matters or sanctions relating to professional misconduct to be taken into account in considering this application for membership.
8. All pending criminal, civil, financial difficulties or disciplinary actions, investigations, proceedings or enquiries are declared on an attached statement.
9. I understand that failure to comply with any conditions imposed on membership may result in a breach of contract which may result in termination of membership.
10. I agree that failure to renew or resignation from membership during the continuation of a professional conduct complaint will not terminate or invalidate the continued processing or hearing of the matter by COSRT.
11. I understand that any payment of subscription does not constitute acceptance of this application to join COSRT.
12. I understand there may be occasions when it is necessary and/or appropriate to share information about me with other regulatory/professional bodies for the purpose of regulation and in the interest of the public protection.
13. I understand that on being admitted as a member I will become a member of COSRT for the purposes of company law and therefore, for as long as I am a member, have a right to attend, speak, vote and/or demand a poll at general meetings of COSRT.
14. I understand that as a company law member of COSRT, I undertake to contribute £1 to the assets of COSRT in the event of its being wound up while I am still a member or within one year after I cease to be a member.
15. I consent to communications in connection with my membership of COSRT being sent or supplied to me by email to any email address I provide to COSRT and/or via COSRT’s website[[5]](#footnote-5).
16. I note that these communications could include information about my membership rights, including notice of general meetings, COSRT’s meetings and election of trustees. They may also include information about COSRT’s activities.
17. I understand that any false or misleading statement, falsification of accompanying evidence or collusion may lead to conduct action being taken against me and may result in termination of my membership. I understand that failure to disclose relevant information on application or during the period of membership could lead to conduct action and termination of membership.

I confirm that I will not provide therapy to any service user whilst a Senior Accredited (Non-Clinical) Member.

I confirm that the information contained in and attached to this form is true, accurate and complete to the best of my knowledge and belief. I hereby authorise the officers of COSRT to make such enquiries as they consider necessary to verify the information given.

Name:

Signature:

Date:

1. Payment

Please indicated how you wish to pay your annual subscription:

BACS transfer (bank transfer) [ ]

Monthly Direct Debit [ ]

Annual Direct Debit [ ]

We will contact you when your application has been accepted to arrange payment by the method of your choice. Whichever method you choose, please do Gift Aid your subscription if you can.



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Gift Aid - increase the value of your subscription without paying a penny more

COSRT is a charity. That means we can claim Gift Aid on your membership subscription from HMRC.

It costs you nothing. But it means that every £1 of your subscription will be worth £1.25 to COSRT.

The benefit to our charity is huge, and it helps us continue to do the best we can for you.

If you are a UK taxpayer, all you need to do to help is complete this declaration.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Town |  |
| Post Code |  |
| Telephone |  |
| Date |  |

Yes! I want College of Sexual and Relationship Therapists to reclaim the tax on this and any other eligible donations or membership subscriptions that I may make in the future or have made in the past 4 years. I am a UK taxpayer and understand that I need to pay enough Income Tax or Capital Gains Tax in each tax year to cover the Gift Aid claimed on all my donations otherwise it is my responsibility to pay any difference.



Please tick this box if you are ineligible for Gift Aid. We send out reminders to those who have not signed up for Gift Aid and if you indicate you are ineligible, we will remind you less regularly.

* Please let us know if you change your name or home address.
* To maximise your tax giving, your Gift Aid declaration will be automatically backdated 4 years as permitted by the Gift Aid Scheme.
* If you have begun paying taxes more recently or would prefer not to backdate the declaration for any other reason, please email info@cosrt.org.uk in the first instance.
* Please let us know if you no longer pay sufficient tax on your income and/or capital gains.
* You may cancel this declaration at any time by notifying us.
* Higher-rate taxpayers may claim further tax relief on donations made under the Gift Aid Scheme.
* Corporate donations and those made from Charitable Trusts or Foundations are not eligible for Gift Aid.
1. For ‘Other title’ i.e. Dr, Rev, Sir, you must attach documentary evidence of your entitlement to use the title [↑](#footnote-ref-1)
2. Please see the ‘Non-Registered Membership Requirements and Information’ document for all requirements. [↑](#footnote-ref-2)
3. Please see the ‘Non-Registered Membership Requirements and Information’ document for all requirements. [↑](#footnote-ref-3)
4. If you intend to return to practice within 12 months of this application, you are ineligible for Retired Membership. [↑](#footnote-ref-4)
5. *I acknowledge that if I wish at some point to opt out of electronic communications in relation to any documents or information that are required or authorised to be sent to supplied to me by COSRT under the Companies Acts, I will contact* *memberships@cosrt.org.uk* *to do so and then be provided with such documents or information via post instead.* [↑](#footnote-ref-5)