



TRAINEE MEMBERSHIP APPLICATION FORM

SPECIAL OFFER, 1 YEAR MEMBERSHIP FREE OF CHARGE

Subsequent years will be charged at the normal membership rate.

EMDR Association UK & Ireland, PO Box 3356, Swindon, SN2 9EEREQUIRED

REQUIRED DOCUMENTS (send scans or copies of the required 4 documents)

1. Application Form
2. Direct Debit Mandate
3. Proof of current Professional Registration
4. Copy of your Training Certificate

Section 1 Contact Information

Title:	Forename:	Surname:
Address for correspondence:		
Email:		
Telephone:	Mobile:	

Section 2 EMDR Qualifications

Date highest training level achieved:

Do you wish to join the Child Section? Yes No
Any member of the EMDR Association can join the child section at no extra cost.

Please enclose a copy of your most recent EMDR training certificate

Section 3 Professional Registration

Core Profession:

All members of the EMDR Association who practise as EMDR therapists are required to be registered with an approved professional body and to maintain their registration for as long as they are offering EMDR treatment to the public.

Name of professional registration body(s):	Registration number(s):
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Please enclose proof of all registrations you have listed.

Relevant academic/professional qualifications:

Languages, other than English, in which consultation can be given:

Section 4 Ethical Practice

IT IS THE RESPONSIBILITY OF ALL PRACTITIONERS AND PART OF THEIR DUTY OF CARE TO CLIENTS, TO MAINTAIN THEIR PROFESSIONAL REGISTRATION, ACCESS CLINICAL SUPERVISION, ENGAGE IN CONTINUING PROFESSIONAL DEVELOPMENT AND ENSURE THEY HAVE ADEQUATE PROFESSIONAL INSURANCE.

MEMBERS ARE ALSO EXPECTED TO ABIDE BY THE EMDR EUROPE CODE OF ETHICS AND THE EMDR ASSOCIATION RULES AND POLICIES.

Section 5 Data Protection

In order to comply with the requirements of the Data Protection Act, it is necessary to sign this section if you want access to names of fellow members and if you agree to have your details circulated to Association members for purposes of peer group professional contact only.

Section 6 Declarations

Please TICK to confirm and sign below:

Section 3: Professional Registration

- I confirm that I will maintain my professional registration(s) as above while I offer treatment as an EMDR Therapist.**

Section 4: Ethical Practice

- I confirm that I do not have a criminal record that would prejudice the interests of the people I offer treatment to.**
- I have not been dismissed from employment or refused membership of a professional body in a related field on the grounds of professional misconduct.**
- I confirm that I have adequate indemnity insurance either individually or through my employer and agree to ensure I remain so covered for as long as I continue to offer treatment as an EMDR Therapist.**
- I agree to access regular clinical supervision and to engage in continuous professional development in EMDR.**
- I agree to abide by the EMDR Europe Code of Ethics and the EMDR Association Rules and Policies.**

Section 5: Data Protection Act:

- I agree to have my details circulated to Association Members for purposes of peer group professional contact only.***

Signature:

Print name:

Date:

Payment (please tick)

- I have enclosed a completed Direct Debit form** **I am an ROI applicant**

The normal membership fee will be collected after 12 months and annually on the same date until I cancel.

* Accredited members may apply to have their details made available on the find a therapist data base.

EMDR Association UK & Ireland www.emdrassociation.org.uk

Email: info@emdrassociation.org.uk PO BOX 3356, Swindon, SN2 9EE United Kingdom

EMDR Association - a Charitable Company Limited by guarantee. Company number: 07428145. Charity number: 1140865

