

Therapist Reference:
Association use only)



Association for
SOLUTION FOCUSED HYPNOTHERAPY

Application for Registered Membership of the Association for Solution Focused Hypnotherapy

Please complete using **BLOCK CAPITALS**. See attached Guidance Notes for further details.

1. Name:

2. Contact Details for administrative purposes only:

Contact Address:

Tel:

Mobile:

Email:

*The above are simply for administrative purposes and will not be published on the Association's website.

3. Contact Details to appear on Association's Online Hypnotherapists Register:

Practice Name

(leave blank if your own name):

Tel:

Mobile:

Email:

Website:

Second Website (if applicable):

Practice Address(s) incl postcode:

1 _____

2 _____

3 _____

Are you a Registered Supervisor? Yes / No

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4. Which region are you from?

- | | | | |
|--------------------|--------------------------|--------------------|--------------------------|
| Scotland | <input type="checkbox"/> | Central England | <input type="checkbox"/> |
| North West England | <input type="checkbox"/> | South West England | <input type="checkbox"/> |
| North East England | <input type="checkbox"/> | South East England | <input type="checkbox"/> |
| West Midlands | <input type="checkbox"/> | London | <input type="checkbox"/> |
| East Midlands | <input type="checkbox"/> | Eastern England | <input type="checkbox"/> |
| Wales | <input type="checkbox"/> | Northern Ireland | <input type="checkbox"/> |
| | | Ireland | <input type="checkbox"/> |

5. Membership

Please complete sections 5.1 - 5.5. Also complete section 5.6 if you are upgrading from student to full membership or section 5.7 if you are renewing your Registered membership or did not previously have student membership.

5.1 - I confirm that have been awarded a diploma in Clinical Hypnotherapy and Psychotherapy (DHP) or a Diploma in Solution Focused Hypnotherapy (DSFH)

My diploma was awarded on (dd/mm/yy)

Awarded by (name of school and location)

5.2 - I intend to work with children under the age of 18 and vulnerable adults, and therefore have an enhanced DBS certificate in place:⁽¹⁾ **YES / NO**

My enhanced DBS certificate number is:

My enhanced DBS certificate was issued on (dd/mm/yy):

5.3 - My professional indemnity insurance cover is provided by:

The policy number of my insurance is:

The EXPIRY date of my insurance is (dd/mm/yy):

5.4 I confirm that I will satisfy the Association requirements for supervision

My supervisor will be

5.5 I confirm that I will satisfy the Association requirements for continuous professional development (CPD)

5.6 - I am upgrading from Student to Full membership and (please tick as appropriate)

- **have enclosed a cheque for £40.00 made payable to the "Association for Solution Focused Hypnotherapy"**
- **have set up a Standing Order⁽²⁾ with my bank for £10.00 every 3 months commencing on (dd/mm/yy)**
- **have made payment of £40.00 by bank transfer⁽²⁾**

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5.7 - I am applying for/renewing my Registered membership and (please tick as appropriate)

- have enclosed a cheque for £60.00 made payable to the “Association for Solution Focused Hypnotherapy”
- have set up a Standing Order⁽²⁾ with my bank for £15.00 every 3 months commencing on (dd/mm/yy)
- have made payment of £60.00 by bank transfer⁽²⁾

6. Signature

I confirm that the above details are correct to the best of my knowledge. I understand that the AfSFH may ask my training school and/or supervisor for verification of details relating to them.

Print Name:.....

Signed:..... Date:.....

Please send the completed form to: The Membership Secretary, The Association for Solution Focused Hypnotherapy, 79 Hucclecote Rd, Hucclecote, Gloucestershire, GL3 3TW

⁽¹⁾or equivalent in your locality, e.g. for Northern Ireland - Access NI and Ireland – Garda certificate

⁽²⁾Association for Solution Focused Hypnotherapy bank details:

Account No. 27670960

Account Name: The Association for Solution Focused Hypnotherapy

Sort Code: 30-84-04

Bank: Lloyds TSB plc, 58 Queen’s Road, Bristol. BS8 1RQ

(if paying by standing order or bank transfer please use your membership number (if known) and lastname as reference)

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Guidance Notes

1. Acceptance of Membership Requirements

Automatic entitlement to Registered membership can be secured by compliance with the following:

- (a) Successful completion of training (see student member application notes) or;
- (b) HPD/NVQ4 and Registration with UKCHO, NCH or APHP or;
- (c) HPD/NVQ4 completed at a training establishment teaching the solution focused approach or one or more of the following:
 - i) SFBTHyp/NVQ4
 - ii) Registration with BRIEF

If you are unable to satisfy the requirements above and you consider that you practice solution focused hypnotherapy you are very welcome to apply with the determination of your application for membership being at the discretion of the Association's Executive. Please provide details of your website and either (a) Evidence of CPD attendance at a Solution Focused Hypnotherapy Seminar or Course or (b) Evidence of other training in Solution Focused Therapy.

If neither (a) or (b) of the above apply please set out in a letter/email how you feel you are able to satisfy the description "solution focused hypnotherapist"

Please note that whether entitlement is automatic or discretionary the Association reserves the right to refuse membership.

2. Contact Details

The Administrative Purposes Only contact details (section 2) will be used by the Association to communicate with you and will not be released to any third parties.

By signing the Application for Membership of the Association's Register of Professional Hypnotherapists, you are giving permission for your Online Contact Details (section 3) to be published on the Association's website. Therefore only complete the details in this section that you wish released to the general public.

3. Membership Requirements

If you will be working with children under the age of 18 or vulnerable adults you will need to have an enhanced Disclosure and Barring certificate in place, or the equivalent in your locality. If you don't have an existing certificate or it is more than three years old you will need to request a check to be undertaken. See <http://afsfh.com/membership/> for more information.

You are required to have professional indemnity insurance in place.

You will be required to undertake supervision and continuous professional development (CPD) in line with the requirements of the Association. See <http://afsfh.com/membership/> for more information.

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SOLUTION FOCUSED HYPNOTHERAPY

Association for Solution Focused Hypnotherapy (Afsfh)

Membership Agreement

Members of the Afsfh agree to the following rules of conduct:

1. All practising members undertake to adhere to the Afsfh Code of Ethics.

This is available at <http://afsfh.com/code-of-conduct-performance-and-ethics/>

2. Relationship with the Afsfh

Members shall keep the Afsfh informed of:

- Changes to personal details, e.g. name, address, phone number, practice name etc.
- Changes to qualifications, including lapses of time limited certification and ongoing training / development.
- Any civil or criminal judgments (i.e. crimes against society, the person and property, excluding motor offences except those including alcohol, personal safety and failure to have the correct documentation).
- Business associations with any other body from which conflict with their membership of the Afsfh may arise.

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