Application for Accredited and Non-Accredited Provider Membership

Checklist for completion to accompany application form

Name of Organisation	
Organisation Status e.g. limited company, charity, or public sector	
Does it have adequate insurance: Public Liability Professional Indemnity Certificate of Employer Liability	
Is the body an organisational member of the BACP?	
Is there an Executive Director who is a member of a Counselling Related Body e.g. BPS, BACP, HPC, UKCP Do they have a minimum of two years' experience of direct EAP provision?	
How many members of staff are members of Counselling Related Bodies e.g. BPS, BACP, HPC, UKCP? How many of these are of sufficient seniority to monitor the clinical provision and have the authority to stop unsatisfactory practice? Please give names, membership status and numbers	
Does the organisation use Consultant(s) to monitor clinical provision? If so please provide names, membership status and numbers, and a signed statement by	

the consultant(s) that they are in regular contact with the organisation's case work	
Is full clinical provision available on a 24 hour basis for crisis support?	
Are clinical systems in place for safe handling of clients having suicidal or other at risk tendencies	
Please provide information on training and supervision of counselling staff and frequency, carried out to the standards recognised by BACP, BPS and UKCP	
Does the organisation use a network of external affiliate counsellors/advisors. Please indicate recruitment/selection and supervision processes.	
Please state with which organisation your body has registered its Code of Ethics	
I certify that I have read the Membership Criteria, that the information provided is current and accurate, and that our organisation adheres to the EAPA UK Code of Ethics	Signature Date