

## Who Can Apply for Senior Accreditation?

- A NCIP member who has been in practice for a minimum of 9 years from date qualified, and who is currently in Private Practice, Employment or a mixture of both.

Please read through the handbook for more information:

<https://www.the-ncip.org/members-handbook>

## Introduction

### **Congratulations on beginning your journey to become a Senior Accredited Practitioner with the NCIP!**

The following sections numbered 1 to 7 are intended to act as section headers for your portfolio for application.

Upon successful completion for your application, you will be awarded an NCIP Accredited Membership Certificate. You will then be able to use the credentials “MNCIP (Srn Accred)” after your name.

## How To Apply

Once you have completed your Senior Accreditation Portfolio, please make payment for your application (details below), and send your completed Portfolio to [Accreditations@the-ncip.com](mailto:Accreditations@the-ncip.com)

## What are the fees?

The Application Process fee is required upon each application. If your application is not satisfactory to our requirements and you wish to re-apply, you will be required to pay the Application Process fee again. **Once you obtain Senior Accreditation, there will be no further fee (this excludes your annual membership fee).**

### **Process Fee:**

£250

### **Payable to:**

Payee Name	Account	Sort Code
NCIP	86571860	30-98-97

## SECTION 1

### Please provide 1 of the following

- Provide copies of your last 9 NCIP Membership Certificates.

**Or**

- Provide written evidence that you have been in private practice for at least 9 years with a minimum average of 150 supervised client hours per year – Please include:
  - » Log of Client & Supervision hours for the last 9 years.
  - » A written statement from your supervisor or workplace evidencing your average hours per year and years in practice.

## SECTION 2

### Insurance

Please provide a copy of your **current** Professional Indemnity Insurance.

## SECTION 3

### Practice

Please state that you are currently practicing qualified; Counselling, Psychotherapy, Hypnotherapy or Coaching - or in any combination.

- Please provide your professional title and modality.
- Please specify your modality combination, if this applies to you.

## SECTION 4

### CPD, Supervision & Personal Development

*“To demonstrate the capacity for independent, experienced, competent, ethical practice.”*

#### You need to be able to provide the following:

- a) You have an on-going contract for Counselling/Psychotherapy Supervision for a minimum of 1.5 hours a month.
- b) Supervision records for the previous 6 years that evidence a minimum of 1.5 hours per month - (1 hour a month 2021 and before)
- c) A record of a minimum of 30 CPD per year for each of the last 6 years.
- d) A record of at least 20 of personal development (Psychotherapy, Counselling or Coaching).

## SECTION 5

### Self-Awareness

Reflect on and detail a specific experience or activity that has significantly enhanced your self-awareness. Please explain why you chose this particular experience or activity and illustrate how the acquired self-awareness proves beneficial in your professional practices.

## SECTION 6

### Knowledge & Understanding

Please articulate the reasoning behind your approach to client work, specifically citing the modalities that underpin your practice. Within this reflection, delineate how your self-awareness is integrated into your method of working. Further, discuss the influence of diversity and equality considerations on the therapeutic relationship, and provide insights on how issues of difference can impact the interactions.

## SECTION 7

### Practice & Supervision

Please illustrate how your actual practice aligns with your professed approach to work. Detail how you incorporate your self-awareness into the therapeutic relationship. Additionally, discuss how the utilisation of supervision contributes to the enhancement of your practice.

**This completes your portfolio for Senior Accreditation.**

### Section Checklist

Section	Criteria	✓	Office Use Only
<b>1 to 4</b>	Have Sections 1 to 6 been supplied?		
<b>5</b>	Describe an experience or an activity which has contributed to your own self-awareness.		
<b>5</b>	Include reasons for choosing the experience or activity.		
<b>5</b>	Show how this self-awareness is useful in your practice.		
<b>6</b>	Describe a rationale for your client work with reference to the modalities that inform your practice.		
<b>6</b>	Reflect within this how you place your self-awareness within your way of working.		
<b>6</b>	How issues of difference and equality impact upon the therapeutic relationship.		
<b>7</b>	Demonstrate how your practice is consistent with your described way of working.		
<b>7</b>	How do you use your self-awareness in the therapeutic relationship?		
<b>7</b>	How does supervision enhance your practice?		

1 <sup>st</sup> Assessor Comment
2 <sup>nd</sup> Assessor Comment
1st Assessor, Sign and Date
2nd Assessor, Sign and Date

