



MEMBERSHIP APPLICATION FORM

Please complete, sign the declarations and return with copies of supporting documents to:
EMDR Association UK & Ireland, PO Box 3356, Swindon, SN2 9EE

Section 1 Contact Information

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

Section 2 EMDR Qualifications

| | |
|---|---------------------------------------|
| EMDR training completed: | Date highest training level achieved: |
| EMDR child training completed: | Date highest level achieved: |
| Do you wish to join the Child & Adolescent section of the Association? <i>All members of the Association can do so at no extra cost.</i> | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMDR practise with: <input type="checkbox"/> Children <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults | |
| EMDR Accreditation: <input type="checkbox"/> None <input type="checkbox"/> Practitioner <input type="checkbox"/> Consultant <input type="checkbox"/> Facilitator <input type="checkbox"/> Trainer | |
| <i>Please enclose a copy of your most recent EMDR certificate</i> | |

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): |
| | |
| | |
| | |
| <i>Please enclose proof of all registrations you have listed.</i> | |
| 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)

- | | |
|--|--|
| <input type="checkbox"/> I enclose a cheque for £60 made payable to EMDR Association UK & Ireland. | <input type="checkbox"/> I have enclosed a completed Direct Debit form (Method preferred by the Association). |
|--|--|