**Applying for ACTO Professional Membership**

Once you have completed this form please send it together with any attachments via either email or <https://wetransfer.com/> to [members@acto-org.uk](mailto:members@acto-org.uk).

*Please put the* ***name under which you have applied*** *as a reference and email us at* [*members@acto-org.uk*](mailto:members@acto-org.uk) *to tell us you've paid. Unreferenced payments will delay your application.*

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| **ACTO Professional Member Applicant Information** | | | | | | |
| Name : | | | Gender: | | **Office Use Only**  **Membership No:** | |
| Home Address : | | | | | | Date: |
| Town : | Postal/Zip Code : | | | | Country: | |
| Mobile/cell: | Telephone: | | | | Email: | |
| Face to Face Qualification(s)  *(please supply copies of these)*  1)  2)  3) | | Date(s) | | Training Organisations | | |
| Online Counselling Qualification(s)  *(please supply copies of these)*  1)  2)  3) | | Date(s) | | Training Organisation & Website(s) | | |
| Professional Membership(s): *(include all relevant professional bodies, and don’t forget to send copies of appropriate Certificates/Cards)*  1)    2)    3) | | | | Membership Nos: | | |
| **Application for Directory Listing/s** Please indicate if you would like to be listed in the following: ACTO’s Directory of Online Therapists  Yes  No £15.00 per annum  ACTO’s Directory of Online Supervisors  Yes  No £15.00 per annum  Once we have received your application form and payment you will be sent a link, username and password to upload your profile onto the ACTO website. (This link will take you to the Wild Apricot website where you will actually input this information. It will only show on the ACTO relevant lists).You will be able to amend / update your entry/ies during your annual membership period. | | | | | | |

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| **Declaration** |
| Please delete either statement a) or statement b):   1. I am not currently the subject of any professional complaint or other disciplinary proceedings 2. I am currently the subject of a professional complaint/disciplinary proceedings, details of which are given on a separate page.   I declare that the information I have provided is true and correct to the best of my knowledge. In compliance with the Data Protection Act 1998, I give consent for ACTO to store and process the information I have provided in my application.   * I **agree/do not agree** for my name and membership number to be listed on the publicly searchable ACTO membership list at [www.acto-org.uk](http://www.acto-org.uk) (please delete as appropriate). * I agree as an **ACTO member** to abide by its current Code of Ethics**:** <https://acto-org.uk/professional-conduct-code-ethics/>   Signed: Date:  **Please send your completed application form as an email attachment to:**.[members@acto-org.uk](mailto:members@acto-org.uk).  **Please don't forget to attach / send copies of :**   1. your face to face Diploma or degree 2. proof of current membership of your professional body (e.g. membership card) 3. your online counselling qualifications.   **Please allow up to 5 working days for processing your membership – With thanks – Membership office** |

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| **Payment information** (All fees are payable annually) | **Your payment choices to complete (Please complete as required)** |
| **ACTO Professional Member** Annual Membership Fee £30 | **£** |
| **ACTO Therapist/Supervisor Directory Listing Fees (optional)**  Entry in one directory £15  Entry in both directories £20 | **Therapist Directory: £**  **Supervision Directory: £** |
| **TOTAL** | **£** |
| *Please put the* ***name under which you have applied*** *as a reference and/or email us to tell us you've paid. Unreferenced payments will delay your application.* | |
| **Online banking:**  **Please send your online banking payments to:**  **Bank:** Santander **Account Name:** ACTO  **Sort Code:** 09-01-28 **Account Number:** 40746884 |  |