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| **ACTO Membership Application Form**  **Level 1** | | | | | | | | |
| **Surname:** | |  | | | **First Name:** | | |  |
| **Home Address** (including post code and country): | | | |  | | | | |
| **Telephone** (Mobile & Home): | | |  | | | | | |
| **Email:** |  | | | | | | | |
| **Professional Qualification(s):** | | | | | **Date(s):** | | **Training Organisation(s):** | |
|  | | | | |  | |  | |
| **ACTO Online Therapy Qualification Level 1:** | | | | | **Date(s):** | | **ACTO Approved Online Training Provider Name:** | |
|  | | | | |  | |  | |
| **Professional Membership(s):** | | | | | | | **Membership Number(s):** | |
|  | | | | | | |  | |
| **Supervisor Name:** | | | | | | | **Supervisor Reference:** | |
|  | | | | | | | Please attach a copy of your Supervisor reference with your other documents. You should download the template from the website. <https://acto-org.uk/actolevel1member/> | |
| **Have you been a prior or lapsed ACTO member before? If possible, please provide membership number:** | | | | | | | | |
|  | | | | | | | | |
| **Declarations:** | | | | | | | | |
| **Please read and indicate your responses to the following declarations and then date and sign at the end of this section** (either by putting in your signature as a jpg or similar file or by typing your name)**.** | | | | | | | | |
| **PROFESSIONAL COMPLAINT OR OTHER DISCIPLINARY PROCEEDINGS** | | | | | | **I CONFIRM I AM NOT** THESUBJECT OF THESE  **I CONFIRM I AM** THESUBJECT OF THESE  (Please provide further details on a separate page) | | |
| **PROFESSIONAL INDEMNITY INSURANCE** | | | | | | **I CONFIRM** I HAVE INSURANCE | | |
| **PERMISSION FOR ACTO TO SEND YOU NEWSLETTERS & EMAILS**  ACTO would like to send you newsletters & emails for the purposes of keeping you informed of its current developments & providing relevant information | | | | | | **I CONSENT** TO RECEIVE THESE  **I DO NOT CONSENT** TO RECEIVE THESE | | |
| **STORAGE AND USE OF YOUR DATA UNDER GDPR** | | | | | | **I CONSENT** TO ACTO STORING & PROCESSING THE INFORMATION I HAVE PROVIDED IN MY APPLICATION.  **I DO NOT CONSENT** TO ACTO STORING & PROCESSING THE INFORMATION I HAVE PROVIDED IN MY APPLICATION. | | |
| **YOUR DECLARATION** | | | | | | **I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.** | | |
| **Your agreement to abide to the ACTO current Code of Ethics** | | | | | | I agree as an **ACTO Member** to abide by its current Code of Ethics**:** <https://acto-org.uk/professional-conduct-code-ethics/> | | |
| **Signed: Date:**  *(If you don’t have a digital signature please type your name here)* | | | | | | | | |

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| **Payment Information:** (all fees are payable annually) | |
| **PLEASE NOTE: If your organisation (or your own limited company) are paying for you please include below the name of the company as it will be written on the bank statement. Please also ask the person paying on behalf of your organisation to include your name as the reference on the bank transaction.**  **Name of your organisation:**  **Address of the organisation (for the invoice), if different from your own address:** | |
| Membership Fee:  **£40.00** | **\*NEW\***  **If you would like to pay by Direct Debit through GoCardless, please contact us for more details** |
| **UK PAYMENTS**  **Account Name:** Association For Counselling And Therapy Online  **Sort Code:** 60-83-01  **Account Number:** 20424611  **Reference**: Your full name + membership number | |
| **INTERNATIONAL PAYMENTS**  **Account Name:** Association For Counselling And Therapy Online  **IBAN:** GB93NWBK60023571418024  **BIC:** NWBKGB2L  **Bank Name:** Unity Trust Bank  Bank Address: Unity Trust Bank plc, Planetary Road, Willenhall WV1 9DDG  **Reference**: Your full name + membership number + ACTO  **ACTO Address for International Transfers:** 19b Front Street, Sacriston, County Durham DH7 6JS, United Kingdom (*Please not use this for any other purpose*). | |
| **Application Checklist:** | |
| **Please send your completed application form to** [admin@acto-org.uk](mailto:admin@acto-org.uk) **either via email or WeTransfer including the following documents**:   1. Professional Qualification certificate(s) 2. Proof of current membership of your professional body (this must show an expiry date) 3. ACTO Online Therapy Qualification Level 1 certificate 4. Supervisor Reference (using the template)   Please ensure you complete all the Declaration statements to ensure your application is processed without any delays.  **Please note that your membership will not be complete until we have your full application, payment and requested documents.**  **Please allow up to 10 working days for us to process your membership application.**  **With thanks, ACTO Administration** | |