

**Canterbury Consortium of Psychoanalytic and Psychodynamic  
Psychotherapists (CCOPPP)**

**Application for CCOPPP Professional Membership**

**1. Applicant Details (please print):**

Name.....

Address.....

Post Code:.....

Telephone number:.....

Mobile (optional):.....

Email:.....

Website:.....

**2. Applicant Background**

Please describe your professional background and experience in a separate CV and please note that your CV should state the exact date of your qualification from the Masters in Clinical Psychotherapy. You will need to describe your understanding of the psychoanalytical work in which you are currently engaged. If not yet in practice, you could briefly outline your experiences of working psychoanalytically with your patients as a trainee.

Please answer the following questions:

Are you currently practising as a psychotherapist?

How long have you practised psychotherapy?

1-3 years:

4-10 years:

Over 10 years:

Over 20 years:

Please note that it is the condition of your membership of CCOPPP that you have a psychoanalytically trained Supervisor or a supervisor with equivalent qualification.

Please indicate if you have a formal arrangement for supervision of your work as a psychotherapist and, if so, how frequently this takes place:

Please state the name and the qualification of your supervisor:

Please name any other relevant professional body that you are currently a member of:

**3. Disclosure**

Have you ever been refused/expelled from membership of any professional body/register on the grounds of professional misconduct?

Have you ever been a subject of a disciplinary review by another professional body?

Are you currently or likely to be the subject of any professional related disciplinary action or any criminal, investigatory or disciplinary proceedings or enquiries?

If you have declared that you have a disclosure under this section please ensure that you enclose a full and comprehensive signed statement, giving details of the circumstances surrounding the disclosure.

**4. Applicant’s declaration and signature:**

I confirm that the information contained in and attached to this form is true, accurate and completed to the best of my knowledge and belief. I understand that it may be necessary for CCOPPP Council to make such enquiries, as they consider necessary to verify the information given.

**I have read, understood and agree to uphold and abide by CCOPPP’s Code of Ethics and Practice - including the Complaints and Disciplinary Procedure.**  
(These can be downloaded from the CCOPPP website at [www.ccoppp.org](http://www.ccoppp.org)).

Applicant’s Signature: .....

Date: .....

**5. Submission of the application**

Please return this application (preferably by email) together with any supporting information to:

[moflaherty@talktalk.net](mailto:moflaherty@talktalk.net)

or

Maggie O’Flaherty  
51 Archers Court Road  
Whitfield  
Dover  
Kent  
CT16 3HS