



*The People Who Care*

## **KAPC Chartered Counsellor® ACCREDITATION SCHEME PACK 1**

### **APPLICATION FORMS**

**To be completed using Pack 2 (Information and Guidance Notes)**

**KAPC is unable to return any applications after assessment. Please make sure that you retain a complete photocopy of your application for your own records.**



*The People Who Care*

## **KAPC Chartered Counsellor® ACCREDITATION SCHEME APPLICATION FORM**

KAPC member number:

Office use only:

Title (Dr, Mr, Mrs, Ms):

Forename/s:

Surname:

Correspondence address and postcode:

Daytime telephone:

Email address:

How would you like your name to appear on any accreditation certificate issued to you?  
E.g. Mary Rotich, M. A. Rotich, MA Rotich

When did you first start to practice as a counsellor/psychotherapist?

If you have attended a KAPC workshop on accreditation, please state which one:

Location:  66  
6

Presenter (if known):

Date:

*An accreditation workshop is not a compulsory part of the application process.*



---

**KAPC Chartered Counsellor® ACCREDITATION SCHEME**

---

**APPLICATION FORM**

---

**Personal Information**

Please circle correct answer

**Complaints and refusals**

Are you currently the subject of a formal complaint to KAPC or any other relevant professional body? **YES NO**

Have you been the subject of a formal complaint to KAPC or any other relevant professional body where the complaint was upheld against you? **YES NO**

Have you been refused recognition, certification or accreditation by any relevant professional body? **YES NO**

**If you have answered YES to any of the above**

Please give details of this on a separate sheet as instructed and complete below:

I have declared any such incident as instructed in the guidance notes **YES NO**

**Declaration of honesty**

I declare that my application contains only authentic, honest and truthful information to the best of my knowledge. I understand that any misinformation given or omission made on my part may, when discovered, invalidate my accreditation and/or cause my accreditation to be withdrawn and my membership to be terminated.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_



*The People Who Care*

## **KAPC Chartered Counsellor® ACCREDITATION SCHEME**

### **APPLICATION FORM**

---

See Information and Guidance Pack - Page 3 (Number 1,2,3 )

#### **Eligibility for application**

Please circle correct answer

- |   |            |           |
|---|------------|-----------|
| I have current membership of KAPC   | <b>YES</b> | <b>NO</b> |
| I understand that I must remain in membership in order to submit my application and to maintain my accredited status                  | <b>YES</b> | <b>NO</b> |
| I understand that I must meet the requirements for renewal of accreditation, as they arise, in order to maintain my accredited status | <b>YES</b> | <b>NO</b> |
| I understand the importance of having a professional indemnity insurance cover for my work with clients                               | <b>YES</b> | <b>NO</b> |
| I understand that I must abide by KAPC's <i>Ethical Framework for Good Practice in Counselling</i>                                    | <b>YES</b> | <b>NO</b> |
| I am currently in practice<br>If you have answered YES here, please complete 'current practice' on next page                          | <b>YES</b> | <b>NO</b> |



KAPC Chartered Counsellor® ACCREDITATION SCHEME

APPLICATION FORM

See Information and Guidance Pack - Page 3, 5 and 7 for examples

Current practice

Diary of your current practice

Do you practise as a counsellor? [ ]

How many client hours do you undertake each month? [ ] (average if this is variable)

Please give details of all your current practice. In each case please give your role, the setting and include your employer's details:

Type:				
Details:				
Date	Session no.	Clients present	Length (mins)	Main concerns of session

Type:				
Details:				
Date	Session no.	Clients present	Length (mins)	Main concerns of session

Type:				
Details:				
Date	Session no.	Clients present	Length (mins)	Main concerns of session

Please continue on a separate sheet as necessary.



## KAPC Chartered Counsellor® ACCREDITATION SCHEME

### APPLICATION FORM

See Information and Guidance Pack - Page 3 (No. 4)

#### Training

This route is for applicants who have completed a KAPC counsellor training course at Diploma level and above or equivalent. You may use a KAPC recognised course only if you have successfully completed all of the course requirements.

You must include **verified copies** of the award that you are using for your training (do not send the originals) in order for your application to go forward for assessment.

Full title of course:

Main theoretical approaches:

Other theoretical approaches:

Training institution's name:

Institution's address and postcode:

Institution's telephone:

Start date of course?  Date completed:

Title of the award you received:

KAPC Chartered Counsellor® ACCREDITATION SCHEME



## KAPC Chartered Counsellor® ACCREDITATION SCHEME APPLICATION FORM

See Information and Guidance Pack - Page 3 and 8 for examples

### Past Practice

Please tick as applicable:

YES NO

I have successfully completed a KAPC counsellor training course or equivalent and have the 100 practice hours to satisfy the Criterion.

Dates for each year (from - to)	Your role, the place and setting for this practice	Hours of practice during period (actual)	No of months practised (actual)	Hours of practice per month (average)	Supervision hours per month (actual)	Post-training practice hours (actual)
1.						
2.						
3.						
4.						

*Please continue on a separate sheet as necessary.*



## KAPC Chartered Counsellor® ACCREDITATION SCHEME APPLICATION FORM

See Information and Guidance Pack - Page 3, 6 and 9

### Supervision of all practice – individual supervision only

Please complete a copy of this sheet for each *individual* supervision arrangement. You must show the required level of supervision for all the past and present practice.

Supervisor name:

Address and postcode:

Qualification/s:

*Your supervision contract may be ongoing. If so, please state 'ongoing' where asked for an end date.*

Contract start date:  End date:

Contracted frequency of sessions:

Contracted length of sessions:

Which practice setting/s does this arrangement cover?

*e.g. Kenya: Sept 01 to Sept 03*

Is there/was there any professional (e.g. line management responsibility) or personal relationship between you and your supervisor/facilitator or any group member, other than for the purpose of this supervision? *Please circle one* **YES NO**

*If so, please tell us about this on a separate sheet and include it with your application at this point.*

Does this supervision arrangement cover any of the casework submitted for this application?

*Please circle one* **YES NO**

*Please copy this page to use as a continuation sheet if necessary.*





*The People Who Care*

## KAPC Chartered Counsellor® ACCREDITATION SCHEME APPLICATION FORM

See Information and Guidance Pack - Page 3, 6 and 9

### Supervision of practice – peer or group supervision only

Please complete a copy of this sheet for each peer/group supervision arrangement showing the required level of supervision for all the practice used. For the number of supervisees in the group, please give the size of the group contracted to attend, not average or actual attendance figures. For group supervision: do not count the facilitator when showing the number of supervisees in a supervision group and calculating your time in supervision. Also, you must show that the supervision of your current practice meets this requirement.

Supervisor (facilitator/peer) name:

Address and postcode:

Qualification/s:

*What supervision arrangement do you have with this person (tick one only)?*

Peer       Group

*Your supervision contract may be ongoing. If so, please state 'ongoing' where asked for an end date.*

Contract start date:       End date:

Contracted frequency of sessions:

Contracted length of sessions:

How many supervisees are contracted to attend this group?

*Which practice setting/s does this arrangement cover? e.g. Kenya: Sept 01 to Sept 03*

Is there/was there any professional (e.g. line management responsibility) or personal relationship between you and your supervisor/facilitator or any group member, other than for the purpose of this supervision? *Please circle one*      **YES NO**

*If so, please tell us about this on a separate sheet and include it with your application at this point.*

Does this supervision arrangement cover any of the casework submitted for this application? *Please circle one*      **YES NO**

*Please copy this page to use as a continuation sheet if necessary.*



## **KAPC Chartered Counsellor® ACCREDITATION SCHEME APPLICATION FORM**

See Information and Guidance Pack - Page 3

### **Professional development**

This section asks about your professional development in the 12-month period prior to your application date.

Please illustrate how you are committed to your own continuing professional development (CPD), using an activity/activities that have been most useful to you and have had an impact on your way of working with clients.

Please include the date of the activity/activities.

---

<b>Date</b>	<b>Activity</b>	<b>Comments</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		



## **KAPC Chartered Counsellor® ACCREDITATION SCHEME APPLICATION FORM**

---

See Information and Guidance Pack - Page 3

### **Personal development**

You must illustrate your commitment to your own personal development.

Please use activity/activities that have been most useful to you and have had an impact on your way of working with clients. You may include personal therapy.

Please include the date of the activity/activities. There is no time restriction for the material you may choose.

---

<b>Date</b>	<b>Activity</b>	<b>Comments</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		



*The People Who Care*

## **KAPC Chartered Counsellor® ACCREDITATION SCHEME APPLICATION FORM**

---

See Information and Guidance Pack - Page 3

### **Rationale for Practice**

This section looks at your reflection of your client work. Please explain briefly what your theoretical orientation is and how your practice is influenced by supervision.



*The People Who Care*

## KAPC Chartered Counsellor® ACCREDITATION SCHEME APPLICATION FORM

See Information and Guidance Pack - Page 6

### Additional Reports

#### Supervisor details

Supervisor Report enclosed from:

Supervisor's name:

Additional reports from:  
(only if appropriate)

#### Proposer details

Please expect Proposer Statement from:

Proposer's name:

Proposer's address:

Proposer's daytime telephone  
number:

Email address:

Professional body:

**When you are ready to submit your application for accreditation, please follow the instructions on the sheet *Submitting Your Application* and use the checklist to make a final check of your application.**

Kenya Association of Professional Counsellors, 2<sup>nd</sup> Avenue, Parklands. P. O. Box 55472-00200 Nairobi, Kenya. [www.kapc.or.ke](http://www.kapc.or.ke) Republic of Kenya. The Registration of Business Names Act (Cap. 499, Section 14. Certificate of Registration No 311958.



**KAPC Chartered Counsellor® ACCREDITATION SCHEME  
APPLICATION FORM**

See Information and Guidance Pack - Page 6

**SUPERVISOR REPORT**

***The applicant should make sure the supervisor has received, completed and returned this form to KAPC as early as possible***

Applicant's name:

Applicant's KAPC number:

**Supervisor's details**

Supervisor's name:

Address:

Daytime telephone number:

Email address:

Profession or occupation:

Professional body:

Your membership number:

Your counselling/supervision qualification

Comments about Applicant's practice in relation to supervision

**I propose Applicant - Please circle one**

**YES NO**

**Signature-**



*The People Who Care*

**KAPC Chartered Counsellor® ACCREDITATION SCHEME  
APPLICATION FORM**

See Information and Guidance Pack - Page 6

**PROPOSER STATEMENT (CONFIDENTIAL)**

*The applicant should make sure the proposer has received, completed and returned this form to KAPC as early as possible*

Applicant's name:

Applicant's KAPC number:

**Proposer's Details**

Proposer's name:

Proposer's address:

Proposer's daytime telephone number:

Email address:

Profession or occupation:

Professional body:

Your membership number:

Professional qualifications:

**Your knowledge of the applicant**

Comments about Applicant

**I propose Applicant -** Please circle one

**YES NO**

**Signature-**



## KAPC Chartered Counsellor® ACCREDITATION SCHEME EVALUATION FORM

Please tick each statement that applies to you:

### What has motivated you to apply for accreditation?

To prove my professional standard	<input type="checkbox"/>	To improve my client base	<input type="checkbox"/>
To increase my professional status	<input type="checkbox"/>	To increase my job prospects	<input type="checkbox"/>
To legitimise my practice	<input type="checkbox"/>	This scheme is more accessible	<input type="checkbox"/>
It's a natural progression for me	<input type="checkbox"/>	I am preparing for possible regulation	<input type="checkbox"/>
My employer wants staff accredited	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
An exercise for my own development	<input type="checkbox"/>	_____	<input type="checkbox"/>

### Have there been any obstacles, barriers or setbacks to you making an application?

No spare time/putting it off	<input type="checkbox"/>	Financial reasons	<input type="checkbox"/>
Confused by forms/requirements	<input type="checkbox"/>	Personal circumstances	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>		

Comments:

Large empty box for providing comments.