



The Society for Existential Analysis

1. 2025-2026 Annual Registration Checklist

Please ensure you include ALL of the following documentation in your submission; failure to do so may result in your submission being returned to you and delays to your annual registration. If you have any questions or concerns, please contact:

The Registration Officer on SEArenewal@gmail.com

Table with 2 columns: checkboxes and list of requirements (1-5, CPD certificates, insurance proof).

Please return ALL documentation

By Email: SEArenewal@gmail.com

OR By Post to Flat 170, 15 Bessemer Place, London, SE10 0GQ

I agree that SEA can keep these records on file for a period of at least 5 years or until my next reaccreditation.

Signed:

Date: DD/MM/YY



The Society for Existential Analysis

2.

Annual Registration Form (1 June 2025 - 31 May 2026)

First Name(s):	Surname:
Address:	
Email:	Tel:
Please tick if these details have changed in the last 12 months <input type="checkbox"/>	
Details of other UKCP Colleges OR Modalities you are registered with/as:	
Date first registered with UKCP: DD/MM/YY	
I am currently registered with UKCP and SEA: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If NO, please provide a reason:	
Languages you work in other than English:	
Professional Indemnity Insurance:	
I confirm subscription to a professional insurance scheme: Yes <input type="checkbox"/> No <input type="checkbox"/>	
And that this includes cover to work online	
Insurance Company: _____	
Policy Number: _____	
<u>Registration renewal will not be approved without a current Annual Insurance scheme</u>	
<i>Please attach a copy of current insurance certificate</i>	



The Society for Existential Analysis
Complaints (1 June 2024 - 31 May 2025)

- **Have there been any complaints made against you?** Yes No

If YES please provide details:

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- **Disciplined by a professional body:** Have you been disciplined by any professional body or member organisation responsible for regulating or licensing a health or social care profession? Yes No

If YES please provide details:

-
- **Criminal offences and cautions:** Have you been convicted of a criminal offence, received a conditional discharge for an offence, or accepted a police caution? Yes No

If YES please provide details:

-
- **Suspension and restrictions:** Have you been suspended or placed under a practice restriction by an employer or similar organisation because of concerns relating to your practice of psychotherapy, competence or health? Yes No

If YES please provide details:

Annual Registration Fee

- | |
|---|
| <input type="checkbox"/> I enclose a cheque for the amount of £55.00 made payable to:
The Society for Existential Analysis
OR
<input type="checkbox"/> I attach proof of payment of £55.00 to: The Society for Existential Analysis
Sort code: 40-04-26 Account number: 11488341 |
|---|

Declaration

I confirm that the above application is correct to the best of my knowledge. I understand the SEA reserves the right to check any of the above information and that if any statements prove to be false membership of both the SEA and UKCP will be jeopardised

Signed:

Date: DD/MM/YY



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3.

Private Client & Supervision Hours (1 June 2024 - 31 May 2025)

(Note: The SEA recommends a minimum of 4 hours per week, while the UKCP requires a minimum of 2 hours per week or a total of 50 client hours per year. This may be comprised of client hours and providing supervision. If, owing to circumstances, you are currently not able to meet this criteria please contact The Registration Officer:

SEArenewal@gmail.com

Table with 2 columns: Details, Hours. Rows include: Number of direct private clinical client hours, Number of hours of supervision you provided to individuals (if any), Number of hours of supervision you participated in groups and/or peers (if any), TOTAL Hours.

Details of Supervisor for Private Clients

To be signed by your supervisor or attach a letter/email verifying your hours

Supervisor Name, Email, Phone, Duration of Supervision (From: To:), Total Hours of Supervision, Frequency (tick one) Weekly, Fortnightly, Monthly. I confirm the registrant has been in supervision as stated above: Signed: Date:

2nd Supervisor Name, Email, Phone, Duration of Supervision (From: To:), Total Hours of Supervision, Frequency (tick one) Weekly, Fortnightly, Monthly. I confirm the registrant has been in supervision as stated above: Signed: Date:

Registrants Signature:

Date:



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4.

Institutional Client & Supervision Hours (1 June 2024 - 31 May 2025)

Clinical work within an institutional setting such as NHS, charities or other agencies, and supervision for that work

Form for 1st Institution details, including supervisor name, email, phone, supervision received dates, and frequency options.

Form for 2nd Institution details, including supervisor name, email, phone, supervision received dates, and frequency options.

Registrants Signature: _____ Date: _____



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Details			Hours
3rd Institution details:			
Title of the post (e.g. psychotherapist, assessor, manager):			
Number of clinical client hours			
Total Hours of Supervision PROVIDED (if any)			
Supervisor Name			
Email			
Phone			
Duration of Supervision	From:	To:	
Total Hours of Supervision			
Frequency (tick one)	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>
<i>I confirm the registrant has been in supervision as stated above:</i>			
Signed:			Date:

Details			Hours
4th Institution details:			
Title of the post:			
Number of clinical client hours			
Total Hours of Supervision PROVIDED (if any)			
Supervisor Name			
Email			
Phone			
Duration of Supervision	From:	To:	
Total Hours of Supervision			
Frequency (tick one)	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>
<i>I confirm the registrant has been in supervision as stated above:</i>			
Signed:			Date:

Registrants Signature: _____ **Date:** _____