



The Society for Existential Analysis

1a.
UKCP Five-Year Re-accreditation
For the period 1st April 2020 – 31st May 2025

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 UKCP re-accreditation. If you have any questions or concerns, please contact: The Registration Officer on SEArenewal@gmail.com

Table with 2 columns: empty boxes for marking, and a list of 7 requirements for re-accreditation including checklists, forms, client hours, CPD spreadsheets, and reflection essays.

Please return ALL documentation to: The Registration Officer and keep a copy for yourself.

By email to 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



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2a.

5 Year Re-Accreditation Form

1st April 2024 – 31st May 2025

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:	_____
Re-Accreditation will not be approved without a current Annual Insurance scheme	
<i>Please attach a copy of current insurance certificate</i>	



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Complaints (1 April 2024 to 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:

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- **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:

5 Year Re-Accreditation Fee

I attach proof of payment of **£70.00** 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
1st April 2024 – 31st May 2025

Note: The SEA recommends a minimum of 4 hours per week (160 hours per year); this may be comprised of client & supervision hours. If, owing to circumstances, you are currently not able to meet this criterion 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 Private Supervisor

To be signed by your supervisor or attach a signed 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

1st April 2024 – 31st May 2025

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

Details			Hours
1st 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			
Supervision Received	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
2nd 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: _____



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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:** _____



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7.

**2025 UKCP Five-Year Re-accreditation
Personal Reflection Essay**

Please tell us how your learning and experience have developed your practice as an existential therapist over the past 5 years. (1000 words)

The personal reflection essay is an opportunity for you to reflect on how your commitment to and engagement with CPD has developed your practice as an existential therapist.

Essays of this nature are commonplace across organisations within the UKCP.

The essay provides space for you to reflect on what your experience of doing CPD has been. CPD is a mandatory requirement of registration with the UKCP and the essay offers you the chance to unpack how the CPD you have completed has changed, developed or perhaps even hindered how you practice as a therapist. The essay also provides a platform for you to present how the CPD you have done has been of particular relevance to you as an existential therapist. In addition to the CPD, the essay is an opportunity for self reflection on one's development in general also from a personal stance.

The essay, along with the rest of the documents that are submitted at re-accreditation, is reviewed first by the registration officer and then by the SEA committee.

The written essay is a space for you to expand and elaborate on the CPD that you have undertaken. Where a list of CPD serves as "quantitative" evidence of you having done the required hours of CPD, the essay is there to provide a "qualitative space" for you to present how CPD has been for you. With a specific focus on existential practice the essay allows you to demonstrate how CPD has been useful (or not) for you as an existential therapist. For example, you might have completed a course on CBT. At first glance this might not appear to "fit" within existential practice, the essay allows you to show how your CPD has been of relevance for you. The essay should describe how the therapist has developed, professionally and personally in their understanding and practice of the existential approach. The essay is not judged against a criteria but is reviewed as part of the re-accreditation bundle by the executive committee.

It would be helpful if you could submit your essay as a separate Word or pdf attachment when you return your documents.