



National Fertility Society

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## Professional Member/Counsellor Registration Form

### IMPORTANT

**Please complete clearly and return to NFS with proof of insurance cover, professional registration and supervisor. THE APPLICATION CANNOT BE ACCEPTED WITHOUT THESE DOCUMENTS.**

Surname	
Forename(s)	
Date of Birth	
Title	Mr / Mrs / Ms / Dr / Other <span style="float: right;">Male / Female</span>
Home Address	
Postcode	
Telephone No	
Mobile No	
Email Address	
Work Address	
Postcode	
Telephone No	
Profession / Discipline	
Current Position	
Professional Registration Number	

1. **Are you currently a trainee?** Yes / No

If yes, please give course details and the contact information for the course director.  
NFS will seek confirmation of your registration.

Course Director:

Course:

Email:

2. **Do you currently practice as:**

a psychosexual therapist? Yes / No

a relationship therapist? Yes / No

a counsellor therapist? Yes / No

If you answer 'yes' to any of the above please answer the following:

- i. What training and qualifications have you completed?

- ii. How much supervision do you receive?

- iii. What professional indemnity insurance do you hold?

- iv. What governing body do you hold membership for?

3. **If you have answered 'no' to the above please state:**

Your profession:

What is your professional interest in joining NFS?

What training and qualifications have you completed?

What professional indemnity insurance do you hold for your stated profession?

### **DOCUMENTATION REQUIRED**

- Please attached a copy of your current insurance certificate with this application. Insurance level is one million pounds or higher. If you are working for a crown service or the NHS then please provide evidence of cover for your role.
- Counsellors please submit supervisors reference contact details, to be contact for confirmation of provision of supervision.
- Please provide proof of counselling/psychotherapy governing body registration.

**Trainees who do not have a supervisor may use their course director for this reference**

**DECLARATIONS**

I confirm I support the following conditions:

- 1. I confirm that I have read the NFS code of Ethics and the Supervision Policy. If accepted for General Membership, I confirm I will abide by these Codes and other Governing Documents.
- 2. I will work to uphold anti-discriminatory practice and comply the Codes of Ethics and Practice for General and Accredited Members.
- 3. I declare I have not had any complaints upheld against me by any professional body and I have not had my membership of any professional organisation terminated on the grounds of professional misconduct.
- 5. I understand that any complaint made against me will be taken forward by NFS under the current complaints procedure.
- 6. I declare that I have not been convicted of any sexual offence.

Signature: .....

Date: .....

**Professional Membership/Counsellors fees £60 per year via Paypal on website or bank transfer**  
**National fertility Society**  
**TBS**  
**Sort Code: 77-27-25**  
**Account: 62696968**

**PLEASE BE SURE TO SEND A COPY OF YOUR CURRENT INSURANCE CERTIFICATE, PROFESSIONAL REGISTRATION AND SUPERVISOR DETAILS WITH THIS APPLICATION. YOUR APPLICATION CANNOT BE CONSIDERED BY THE MEMBERSHIP PANEL UNTIL ALL DOCUMENTS ARE RECIEVED.**

**Please return completed form and required documentation to:**  
**National Fertility Society**  
**14 Newfield Drive**  
**Shrewsbury**  
**Shropshire**  
**SY1 2SJ**

**Or email; [joanne.carwardine@nationalfertilitysociety.co.uk](mailto:joanne.carwardine@nationalfertilitysociety.co.uk)**