

The Association For  
Rational Emotive  
Behaviour Therapy



# Application For Full Membership

Whilst anyone interested in the field of Rational Emotive Behavioural Therapy can become an Associate member of the Association, only individuals who are qualified in and/or practice REBT can become full members and use the letters MAREBT after their names. (*If you wish to become an Associate member do not complete this form*)

Full membership affords the opportunity to have your details placed on our AREBT Therapist List [www.arebt.org](http://www.arebt.org)

Full members with appropriate qualifications and supervised practice experience, can then seek accredited status, (forms can be downloaded from [www.arebt.org](http://www.arebt.org)). Once accredited your details can be placed on the national [www.cbtregister.com](http://www.cbtregister.com)

This full membership application form requires a membership fee in the form of a cheque for £30.00 made out to AREBT. Please send the form to the address listed below or alternatively e-mail to [d-stress@hotmail.co.uk](mailto:d-stress@hotmail.co.uk)

AREBT  
5 Braeside Close  
Sevenoaks  
TN13 2JL

## ADDRESS FOR AREBT CORRESPONDENCE:

<b>Title:</b>	
<b>Name:</b>	<b>D.O.B.</b>
<b>Job Title:</b>	
	<b>Home Address:</b>
<b>Postcode:</b>	
<b>E-mail:</b>	
<b>Mobile:</b>	
<b>Home:</b>	
<b>Website:</b>	
	<b>Or/and Business address:</b>
<b>Postcode:</b>	
<b>Office:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	
<b>Website:</b>	
Please circle preferred correspondence address:	<b>Home or Business</b>

Please note unless you formerly notify us that you do not have access to an email address all correspondence/information sharing will largely be conducted by email.





**AREA that you serve e.g. London east**

.....

**(please provide details if your practice covers more than one postal code)**

**Client Contact availability:**

morning, afternoon – evenings – weekends (delete as appropriate)

**Contact Tel No:** .....

**Best times to call:** .....

**Website address:** .....

**e-mail:** .....

**Client Groups:**

- |   |  |
|---|--|
| <input type="checkbox"/> Children up to 12    | <input type="checkbox"/> Adults 18 - 60          |
| <input type="checkbox"/> Older Adults 60+     | <input type="checkbox"/> Adolescents 13 - 17     |
| <input type="checkbox"/> Family Groups        | <input type="checkbox"/> Couples                 |
| <input type="checkbox"/> Group Therapy        | <input type="checkbox"/> Refugees/Asylum Seekers |
| <input type="checkbox"/> Other - please state |  |

**Treatment Areas:**

- |   |   |
|---|---|
| <input type="checkbox"/> ADHD/ADD                       | <input type="checkbox"/> Eating Disorders           |
| <input type="checkbox"/> Phobias: _____                 | <input type="checkbox"/> Alcohol & Substance Misuse |
| <input type="checkbox"/> Forensic                       | <input type="checkbox"/> Psychosis/Schizophrenia    |
| <input type="checkbox"/> Anger Issues                   | <input type="checkbox"/> Depression                 |
| <input type="checkbox"/> Trauma                         | <input type="checkbox"/> Relationships              |
| <input type="checkbox"/> Anxiety/Panic                  | <input type="checkbox"/> Learning Disability        |
| <input type="checkbox"/> Self Harm                      | <input type="checkbox"/> Aspergers Syndrome         |
| <input type="checkbox"/> Sexual Abuse                   | <input type="checkbox"/> Bipolar Disorder           |
| <input type="checkbox"/> Obsessive Compulsive Disorders |   |
| <input type="checkbox"/> Sexual Health Issues           | <input type="checkbox"/> Chronic Fatigue/ME         |
| <input type="checkbox"/> Occupational Issues            | <input type="checkbox"/> Sleep Disorders            |
| <input type="checkbox"/> Physical Health Problems       | <input type="checkbox"/> Personality Disorder       |
| <input type="checkbox"/> Sport Psychology               | <input type="checkbox"/> PTSD                       |
| <input type="checkbox"/> Gender Issues/Sexual Identity  |   |
| <input type="checkbox"/> Chronic Pain/Pain Management   |   |

If there are other specialist treatment areas that you work with not on the above list them here

.....  
.....  
.....

If you use any other method of therapy such as CBT, DBT, Mindfulness, Schema Focused etc. Please list here.....  
.....  
.....

Do you provide reduced client fees?.....

Are you prepared to visit clients in their homes? If yes is there a radius limit to this service?.....

Do you have disabled access?.....

Do you offer reduced fee therapy to students who as part of their recognized training program must engage in personal therapy?.....

Do you offer therapy in any language other than English? .....

**Please Note:** Regardless of qualifications you cannot be placed on this register unless you carry **professional indemnity and public liability insurance:**

**Name of Insurance**  
**company**.....

**Policy**  
**No:**.....

**Photocopy of certificate enclosed** Yes  No.

If you are **not ACCREDITED WITH AREBT** at this time but would like to do so, once a full member, you can download the appropriate accreditation application forms from our website [www.arebt.org](http://www.arebt.org)

All members agree to abide by our published **CODE OF ETHICS and PRACTICE**. You will receive a copy along with your Membership Certificate. It is also available for viewing on our website - [www.arebt.org](http://www.arebt.org) This code serves to establish and maintain standards of practice for REBT practitioners as well as inform and protect clients seeking counselling/psychotherapeutic services.

**My signature below indicates my agreement to abide by the AREBT Code of Ethics.**

**Signed:**

**Date:**

**Print Name:**

APPENDIX SHEET 1 (following page), **MUST be completed by all applicants**, failure to do so will mean you will not be offered membership

APPENDIX SHEETS 2/3 indicating one years CPD and Supervised practice - **MUST be completed by applicants who wish to have their details placed on the AREBT Therapist list.**

### Appendix 1

Have you ever been convicted of any criminal offence in any court in the UK or abroad which might prejudice the public's trust in you? **Yes/No.** If yes provide details:

Have you ever been found guilty of a civil offence which might prejudice the public's trust in you? **Yes/No** If yes provide details.

Are there any current criminal/civil proceedings against you? **Yes/No** If yes provide details

Have you ever been refused/expelled from membership of any other professional body/register on the grounds of professional misconduct or other professionally related offence? **Yes/No** If yes provide details:

Do you have any outstanding professional complaints lodged against you, or are you currently involved in any professional disciplinary action. **Yes/No** if yes provide details:

**Prospective Full members**, please return your completed application form with a cheque for £30.00 made payable to: **The Association for Rational Emotive Behaviour Therapy and send to: Membership secretary, AREBT**, 5 Braeside Close, Sevenoaks, Kent, TN13 2JL, UK

### 1) Office Use Only

Date received:	Membership Number:	Directory	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cheque received:		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**For Information only (do not send forms to the address below):**

Name & Registered Office:

**ASSOCIATION FOR RATIONAL EMOTIVE BEHAVIOUR THERAPY**

2ND FLOOR

2 WALSWORTH ROAD

HITCHIN

HERTFORDSHIRE SG4 9SP

Registered in England.

Company No. 04441094

**Deliberately false statements will result in your removal from the list of AREBT Members**

## Appendix 2

# LOG BOOK OF REBT/CBT CPD for last 12 MONTHS

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Name	Membership No.	Date Accredited
ATTENDANCE AT REBT/CBT EVENTS - THEORY e.g. symposia, lectures, conferences, seminars etc.		
	Event, Topic and Speaker	O r g . B o o d y
ATTENDANCE AT REBT/CBT EVENTS - PRACTISE/SKILLS e.g. skills-based workshops, role play		
	Event, Topic and Speaker	O r g . B o o d y

		<p>(Please enclose certificates / proof of attendance)</p>	<p>Total:</p>
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**PROVISION OF REBT/CBT TRAINING e.g. giving a workshop, running a REBT/CBT course**

	Topic and Audience	Organiser	Hours
		<p>Body</p>	

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Please photocopy as necessary.

**Deliberately false statements will result in your removal from the list of Accredited AREBT Members**

REBT/CBT ACADEMIC RESEARCH you have carried out			
Topic			Hours Spent
			<b>Total:</b> _____
REBT/CBT ACADEMIC PRESENTATIONS you have made			
Date	Topic and Audience	Org. Body	Hours
			<b>Total:</b> _____
<p><i>(AREBT requires a balance of the categories of activity for a minimum of 30 hours per year)</i></p> <p><b>ANNUAL CPD – GRAND TOTAL HOURS: _____</b></p>			
REBT/CBT PUBLICATIONS (yourself as author)			
Date	Title and Authors	Publication/Publisher	
REBT/CBT READING - Minimum 5 samples of literature used/consulted during year			
Title and Author			

FOR OFFICE USE ONLY: Received Checked: \_\_\_\_\_ Query: \_\_\_\_\_  
**Deliberately false statements will result in your removal from the list of AREBT Members**

# Appendix 3: LOG BOOK OF REBT/CBT SUPERVISION for last 12 MONTHS

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

	Name	Membership No.	Date Accredited		
Date of Meetings/ Contact	Individual/ Group/ Peer Review?	Name of Supervisor or Number of People in Group and Name of Facilitator of Group	Duration of Meetings/ Contact (Hours)	Content	Method/ Case Presentation, Audio/video, phone, E-mail

<b>Date of Meetings/ Contact</b>	<b>Individual/ Group/ Peer Review?</b>	<b>Name of Supervisor or Number of People in Group and Name of Facilitator of Group</b>	<b>Duration of Meetings/ Contact (Hours)</b>	<b>Content</b>	<b>Method - Case Presentation, Audio/ Video, Telephone, E-mail</b>

## **AIMS of AREBT**

- To promote and develop the science and practice of Rational Emotive Behaviour Therapy at all levels.
- To develop and maintain nationally recognised standards.
- To represent REBT with other professional bodies; government; and statutory regulators.
- To provide information and advice to REBT practitioners and students training in REBT.
- Maintain a register of professionally trained Rational Emotive Behaviour Practitioners.
- To recognise REBT courses at Foundation and Practitioner levels.
- Produce a AREBT website, <http://www.arebt.org>; manage a joint national accredited register with babcp [www.cbtregister.co.uk](http://www.cbtregister.co.uk) ; conduct a journal and/or other literature for the purposes of distributing information and advancing the objects of the Association and keeping members and others informed on subjects connected with REBT.

- To organise a yearly Annual General Meeting and Annual Conference. With opportunities to discuss the development of AREBT and experience REBT- CPD opportunities.