

The Association  
For Rational  
Emotive  
Behaviour Therapy



# Student Membership Application Form

Whilst anyone interested in the field of Rational Emotive Behavioural Therapy can become an Associate member of the Association, only individuals who are studying either an **Advanced or MSc course in REBT** can become **Student Members of AREBT** for the duration of their study. Once qualified they can apply for Full membership which affords qualified members the opportunity to have their 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)).

This student membership application form requires a membership fee cheque of £10.00 made out to AREBT, attached and sent to:

AREBT  
5 Braeside Close  
Sevenoaks  
TN13 2JL

## 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.

## A.R.E.B.T. STUDENT APPLICATION FORM

The **student membership fee** for those **studying either an Advanced or MSc course in REBT** is £10.00 per annum (for the duration of recognised course).

**Title:** Miss, Mrs, Mr, Dr, or Prof.

**Name:**

**D.O.B.**

**Job Title:**

### Contact Addresses

Home:

Postcode:

 E-mail:


Mobile:

 Home:

Business:

Postcode:

 Office:

 Fax:

 E-mail:

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

**Please circle preferred correspondence address:** Home or Business

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**Student members** must provide proof that they are attending a recognised REBT course by including a letter from the course director confirming their place along with this application form and cheque for £10.00 made payable to: The Association for Rational Emotive Behaviour Therapy. (Note: student membership is only available for the duration of the training course).

**Students must complete this section:**

Name of Course

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Duration of course:            Beginning date.....    Ending    date.....

Course directors name.....

**(attach course confirmation letter to this application form)**

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**You MUST complete ALL the following questions, failure to do so will mean you cannot be offered membership:**

Have you ever been convicted of any criminal offence in any court in UK or elsewhere which might prejudice the public's trust in 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

**Yes/No** if yes provide details:

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All members agree to abide by our published **CODE OF ETHICS and PRACTICE**. You will be sent a copy along with your Student Membership Certificate. It is also available for viewing on our website - <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 services.

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

**Signed:**

**Date:**

**Print Name:**

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**Prospective Student members** please return your completed application form with a cheque for £10.00 made payable to: **The Association for Rational Emotive Behaviour Therapy**

**Send to:**  
**Membership secretary**  
**AREBT**  
**5 Braeside Close**  
**Sevenoaks**  
**TN13 2JL**

**Office Use Only**

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

*Thank you*

**For Information only (do not send forms to the address below):**  
Name & Registered Office:  
**ASSOCIATION FOR RATIONAL EMOTIVE BEHAVIOUR THERAPY**  
Registered in England.  
Company No. 04441094  
2ND FLOOR  
2 WALSWORTH ROAD  
HITCHIN  
HERTFORDSHIRE SG4 9SP