

# Application Form For all Categories of FETT Membership

*Please Use CAPITALS*

Full Name	
Date of Birth	
Address	
Practice Address (if different)	
Tel. (home)	
Tel. (business)	
Email address	

## Type of Therapy Work:

I am applying to join in the following category (please tick as appropriate):

A. Applying to join as an eclectic counsellor and hypnotherapist	
B. Applying to join just as an eclectic counsellor	
C. Applying to join just as an eclectic hypnotherapist	

## Academic and Professional Qualifications:

Qualification	Accrediting Body	Date

**Details of Relevant Training:**

*(Enclose photocopies of relevant documents)*

Training Institute/Course	Start Date	Finish Date

**Relevant Professional Associations to which you belong:**

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Is your therapy practice full or part-time?	
How long have you been in practice?	

**Please describe where you work:**

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**Please describe your main method(s) of treatment:**

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**Please give details of any published work authored by you.**

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**Please give us details of your continuing professional development activities**

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**Please give details of your supervisor or peer supervision group**

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## Professional Insurance -

Please enclose a photocopy of your current insurance certificate.

## Declaration

I herewith apply to the FETT as a

i) LICENTIATE Member (LFETT)		
ii) FULL Member (MFETT) by	a. Normal route	
	b. Direct Entry	

I hereby solemnly declare that the information that I have provided on this form is accurate and that as a member of the society I will abide by the FETT Code of Conduct.

I confirm that:

1. No disciplinary action has ever been brought against me by a professional body.
2. I accept to undertake ongoing learning, continuing professional development and supervision
3. I undertake to maintain suitable professional insurance.

Applicants must enclose the non-returnable application fee of £20 in the form of a cheque made payable to the FETT. Successful applicants will be invoiced for membership fees of £80.00 per annum for the duration of their membership.

Signed .....Date.....

Telephone us to inform us of your application and for the address of your application assessor and then return the completed form & application fee, plus the necessary documents as mentioned above, to the address provided.

**Reference Sheet One**  
**Fellowship of Eclectic Talking Therapists**

*Applicants for Licentiate Membership should provide personal references whilst applicants for Full Membership should provide profession (counselling or hypnotherapy) references.*

Please use CAPITALS

Name	Tel No
Address	
	Postcode

Qualifications and Memberships ( N/A for LICENTIATE Membership)

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How long have you known the Applicant?

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In what capacity?

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Signed .....Date.....

**Reference Sheet Two**  
**Fellowship of Eclectic Talking Therapists**

*Applicants for Licentiate Membership should provide personal references whilst applicants for Full Membership should provide profession (counselling or hypnotherapy) references.*

Please use CAPITALS

Name	Tel No
Address	
	Postcode

Qualifications and Memberships ( N/A for LICENTIATE Membership)

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How long have you known the Applicant?

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In what capacity?

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Signed .....Date.....