**College for Sexual and Relationship Psychotherapy**

**5 Yearly R-Accreditation Renewal**

Dear CSRP Member,

Your 5 yearly re-accreditation is due for renewal, and requires your submission of documents to demonstrate that you meet the CSRP requirements, which can be found in the CSRP 5 Yearly Re-accreditation policy (see appendix 1). The purposes of re-accreditation are:

1) to underpin and promote reflective and informed practice and continuing professional development

2) As a result, to underpin and support best practice in a way that is beneficial to both practitioners and service users.

These renewal documents should be completed on your computer, saved and sent to COSRT as an email attachment, or by post (3 collated copies please).

Please provide your demographic information including the name you use in UKCP/CSRP membership details, address, telephone number, email address and membership number with your submission. You will be required to pay a fee to COSRT by bank transfer or cheque (currently £170 or pro rata for partial sumbissions for less than 5 years accreditation).

In order to have your application for re-accreditation considered, you must supply the following, in a format that allows the assessors to ensure that they see evidence that you have met the CSRP requirements for re-accreditation, over the past five years:

1. A record of your clinical work, which demonstrates how you have undertaken at least 100 direct client hours per year. This may be in the form of a log, signed by your supervisor, or a signed statement from your supervisor of their knowledge of your clinical hours.
2. A record of your supervision attendance with a statement from your supervisor signed to confirm that you are compliant with the CSRP supervision requirements and that you make appropriate use of supervision.
3. A record of all CPD including meetings, conferences, seminars with copies of attendance certificates.
4. A record of any organisational work, teaching, lecturing, publications, research or training you have been involved in.
5. A copy of your professional indemnity insurance cover.
6. Evidence of your Therapeutic Executor agreement if working in independent practice.
7. The signature below from peer(s), obtained in a pair or group situation, which demonstrates that reflection, diversity, power and ethics have been taken into account in your work.
8. Your signature below which acts as a declaration of adherence to the Code of Ethics and Practice of COSRT and CSRP, and that you have no complaints or sanctions in progress or outstanding.

Provide your reflections demonstrating the contribution made to personal and professional development, of no more than 500 words with reference to your clinical work, your supervision,

CPD , and the way you incorporate reflective abilities, diversity, power and ethical issues, and the way that feedback from client work informs your practice. All of these areas MUST be demonstrated.

Although CSRP do not currently require evidence of feedback from clients about the effectiveness of therapy or from outcome measures, this is something that may be required in future, in line with other professional organisations. It is suggested that you record comments made by clients at the end of sessions, or pieces of work, and submit this in an anonymized form. Alternatively, you can submit a statement from your supervisor or peer group to say that they have seen evidence of outcome measures and the way in which you are using this to inform your work and supervision.

**Declarations from applicant:**

“I agree to abide by the ethical codes and procedures currently laid down by CSRP (available on [www.csrp.org.uk](http://www.csrp.org.uk))”.

Signed

Date

“I confirm that I have no complaints of sanctions in progress or outstanding and I know of no reason why I should not be re-accredited”.

Signed

Date

**Declaration from Supervisor(s):**

“I confirm that this applicant attends supervision as required by CSRP standards (available at www.csrp.org.uk) and makes appropriate use of supervision. I know of no reason why the applicant should not be re-accredited”.

“I confirm that the applicant has undertaken at least 100 hours of clinical work each year, over the past five years”. (Delete if not applicable)

Name

Signed

Date

Qualification/Accreditation details

**Declaration from peer colleague(s):**

“I confirm that I am part of a peer arrangement whereby there is reflection on clinical work and which takes into account diversity, power and ethics in that it informs the clinical work of the applicant. I know of no reason why the applicant should not be re-accredited”.

Name

Signed

Date

Qualification/Accreditation Details:

**Notes for renewal applicants:**

On receipt of your completed renewal application form, the COSRT Assessors overseeing renewal of accreditation will check that you have provided all the information requested.

Five yearly renewal of accreditation is required by the UK Council for Psychotherapy. In addition to meeting that requirement, we trust that this CSRP process of re-accreditation will support you in your professional development. It has been developed over recent years, and will continue to evolve. After your reaccreditation has been completed, CSRP/COSRT would value your comments on any stage of the process so that we can keep improving it. Please email CSRP on [admin@csrp.org.uk](mailto:admin@csrp.org.uk) or COSRT on Jo Coker [psm@cosrt.org.uk](mailto:psm@cosrt.org.uk)

CSRP Five Yearly Reaccreditation

(for members who have been reaccredited by a different body within the last five years)

Name ………………………………………………………… COSRT membership Number: …………

I confirm that I have been reaccredited within the last five years by another College or Organisation Member of UKCP (please tick):

Name of College or Organisational Member………………………………………………………………….

Date of reaccreditation by this body …………………………………………………………………………….

I have attached evidence of my reaccreditation by this body:

In addition to meeting the criteria for reaccreditation by the body named above, I confirm that I have also met the CSRP requirement for a minimum of 16 hours psychosexual therapy-related Continuing Professional Development each year:

Applications can be submitted by email or mail with a covering letter and the processing **fee of £50.00**

to Anne Buggy, Business Manager:

By email to: [info@cosrt.org.uk](mailto:info@cosrt.org.uk)

or by mail to COSRT PO Box 13686 London SW20 9ZH

**Payment of Fee**

Payment can be made online or by cheque. Please see the following details

**Online payment**. When paying online please send confirmation of the payment with the reaccreditation paperwork.

Account Name: COSRT

Account No: 00011666

Sort code: 40:52:40

**IMPORTANT:** When paying online you must indicate that the payment is for **Five Yearly Reaccreditation** and **your name**

**Cheques** are payable to COSRT and must be sent with the reaccreditation paperwork.

**Declarations from applicant:**

I confirm that I have read and agree to abide by the COSRT and CSRP ethical code below:

<https://www.cosrt.org.uk/members-and-professionals/documents/>

<https://www.psychotherapy.org.uk/wp-content/uploads/2017/04/CSRP-Code-of-ethics.pdf>

I also confirm that I have no complaints or sanctions in progress or outstanding, and I know of no reason why I should not be re-accredited.

Signed Date