



**Iron Mill College**

*Education & Training in Mental Health & Wellbeing*  
Established 1981

Morwenstow  
7 Barnfield Crescent  
Exeter  
Devon  
EX1 1QT

Dear Colleague,

**An Invitation to join the Iron Mill College Counsellor/Psychotherapist List**

At the Iron Mill we believe that it is essential for students to enter into a therapeutic relationship with an experienced practitioner while they are in training, and it is a course requirement of our Advanced Diploma in Integrative Counselling, the TA Psychotherapy course and our new MA Integrative Counselling, which is launching next September subject to final validation by the University of Worcester.

Our lists, once established, will be accessed by all IMC students electronically and in hard copy by county. This will help students find supervisors, therapists, work-based learning providers and placement providers in their chosen geographical location.

We invite you to read the attached criteria list and application form carefully, and welcome your application. All practitioners who meet the criteria will have an entry free of charge. Your entry will last for 2 years, at which time we will invite you to reapply and update your information. You may, of course, cancel your listing at any time.

If you would like to join the list, you may apply online, or download the form to post.

You are welcome to get in touch with any questions; thank you for your time.

Best wishes,

Jackie Lambert  
Placement Coordinator

The Iron Mill College  
Morwenstow  
7 Barnfield Crescent  
Exeter  
Devon EX1 1QT  
TEL: 01392 219200  
Email: [enquiries@ironmill.co.uk](mailto:enquiries@ironmill.co.uk)

### **Application for entry to The Iron Mill College Counsellor/Psychotherapist List**

**Declaration: In submitting this application form, I am declaring that I meet all of the following criteria, and am willing to provide evidence on request. Please indicate Yes/No to the following criteria:**

- |    |   |                 |
|----|---|-----------------|
| 1. | I have a qualification in Counselling or Psychotherapy (the qualification must be, as a minimum requirement, an Advanced Diploma level or equivalent training, which included a personal therapy requirement and supervised placement experience) | <b>Yes / No</b> |
| 2. | I have at least three years part-time post-qualifying experience and CPD  | <b>Yes / No</b> |
| 3. | I am BACP Accredited (or am working towards this, having met the 450 hours requirement)   | <b>Yes / No</b> |
| 4. | I am UKCP Registered (for the TA Psychotherapy students)  | <b>Yes / No</b> |
| 5. | I have current and continuous professional liability insurance  | <b>Yes / No</b> |
| 6. | I work using a humanistic approach  | <b>Yes / No</b> |
| 7. | I attend monthly professional supervision   | <b>Yes / No</b> |
| 8. | I have a commitment to ongoing CPD and personal therapy   | <b>Yes / No</b> |

**If you are able to indicate 'yes' to all of the above questions (with the option of question 4 for the TA student requirements) please fill in the application form below for your free entry onto the IMC Counsellor/Psychotherapist list.**

Please note that the information you provide will be available to all IMC students across all programmes: please see the 'Agreement' overleaf for further details

<b>Application to IMC Counsellor / Psychotherapist List</b>	
<b>Name:</b>	
<b>Practice address:</b> (if you choose not to include your full address, please indicate your geographical area and/or postcode)	
<b>Phone:</b>	
<b>Email:</b>	
<b>Website:</b>	
<b>Theoretical approach(es):</b>	
<b>Would you describe yourself (based on your qualifications) as a:</b>	
<ul style="list-style-type: none"> <li>• Counsellor                      Yes / No</li> <li>• Psychotherapist                Yes / No</li> </ul>	
<b>Professional Body:</b> (MBACP; MBACP Accred/Snr Accred; UKCP Reg.)	
<b>Qualifications:</b> please include name of training organisation, accrediting body for training, and dates	
<b>Professional Liability Insurance:</b> (company)	
<b>Specialist areas:</b>	
<b>Any other information:</b> (e.g. concessions)	

## Agreement

The IMC will hold the information provided by you on this form. Your information will be held on a database and accessed by enrolled IMC students. Your entry will automatically lapse in two years, and you will need to reapply at that point. You may ask for a copy of the information held at any time. You may ask for the information to be changed or withdrawn completely at any time. The IMCI may on occasion request evidence, from a selection of applicants at random, to verify the information provided on the application form. The IMC reserves the right to withdraw names from the list if the criteria listed are found to be not met or not maintained.

### **Counsellor/Psychotherapist Declaration:**

*In submitting this application by email or post, I hereby certify that all the information provided above is true and accurate, and that I will be willing to provide supporting evidence on request to the IMC. In addition I agree that should I become subject to a complaint to my professional body, I will inform the Iron Mill immediately. I also agree to inform the IMC immediately if I allow my professional membership or insurance to lapse, or if any other change occurs regarding the information provided. I give my permission for the information I have provided in this form to be included on the IMC online database.*

Signed:

Date: