**INTRODUCTION**

Organisations who have an interest in or provide training in Rational Emotive Behaviour Therapy can apply for Organisational membership. All Organisational members must have professional indemnity and public liability insurance, plus training directors who have either AREBT Accreditation as therapists and /or are Albert Ellis approved Supervisors.

Benefits of joining as an Organisation Opportunity to advertise REBT/CBT – CPD or Certificated training courses to members of AREBT by email; through the newsletter; or at the annual Conference.

Organisational members have access to a yearly REBT journal; newsletters; email groups; and email contact providing information on subjects connected with REBT including a yearly Annual General Meeting and Annual Conference and CPD opportunities.

**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 ; 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.

**AREBT ORGANISATION APPLICATION FORM**

Organisation/Training Name:

Registered Address:

Postcode:

Contact Address (if different from above)

Main contact name:

Position in organisation:

Mobile:

Office:

E-mail:

 Website:

All Organisational members must have professional indemnity and public liability

insurance, plus training directors who have either AREBT Accreditation as

therapists and /or are Albert Ellis approved Supervisors.

Please list below, the names and qualifications of your present trainers.

**Academic & Professional Qualifications**

Name:

Date Qualification Issuing Body

Name:

Date Qualification Issuing Body

Name:

Date: Qualification Issuing Body

Name:

Date: Qualification Issuing Body

**STATE:**

Courses provided by your training organisation (indicate certificate;

advanced; diploma or degree level). A course booklet is acceptable attached to this

membership form.

Note: once registered with AREBT you may apply to have your organisational and training details placed within our AREBT brochure and on our AREBT website (training courses).

**You must complete the following:**

Have you or any member of your organisation 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:

Has your organisation 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 your organisation

Yes/No if yes provide details:

Membership Fees: the membership year is 1st January to 31st December and requires

a one off payment of £65.00 renewable each year on the 1st January.

I/We agree/do not agree to our organisational details being held on a register and

given to prospective students.

My/our signature/s below indicate our organisations agreement to abide by the AREBT Code of Ethics.

I/We acknowledge and accept that such membership does not confer any professional qualification or recognition of courses or right to use the AREBT logo unless specifically agreed in writing by the AREBT Board of Directors.

Signed: Date:

Print Name:

Imprint of your Company seal:

Please return your completed application form to admin: admin@arebt.one

Office Use Only Date received:

Membership Number:

Directory Cheque received: Yes No

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

NB. Deliberately false statements will result in your removal from the list of AREBT Organisational Members