

BRITISH ASSOCIATION OF ART THERAPISTS

APPLICATION FORM

Full Membership

Full members must be qualified Art Therapists holding the Post Graduate Diploma MA in Art Therapy from a validated course in the United Kingdom you must also be registered with the Health Professions Council as your HPC registration number is required. We strongly advise that members belong to a trade union which is affiliated to the Trade Union Congress. (BAAT recommends membership of Unite, formerly Amicus for Art Therapists working in the NHS or practising independently, UNISON for those working in Social Services and Prospect for members employed in the prison service).

To apply for membership of BAAT, please complete **both pages** of the attached form and submit to the address above, together with:

- the appropriate payment to BAAT (tax deductible)
- photocopy of the Art Therapy MA Diploma or confirmation of graduation

There is a separate application procedure for members wishing to be listed as BAAT Accredited in Private Practice and as a BAAT Accredited Supervisor. You can print both application forms from our website or contact the office for details.

Annual Subscription Rates

To include the BAAT bi-annual journal 'Inscape', quarterly Newsbriefing, monthly news bulletin and jobs, access to the members only area of the web site and reduced rates on BAAT run CPD courses.

Full Membership	£150 00	(Members working over 12 hours per week – in any paid capacity)
Underemployed	£80.00	(Members working under 12 hours per week – in any paid capacity)
Unemployed	£40.00	(Members not working at all in any paid capacity)
Retired	£40.00	(Members that have retired from paid employment)

MEMBERSHIP APPLICATION FORM



The British Association
of Art Therapists

24-27 White Lion Street
London N1 9PD
Tel. 020 7686 4216

INFORMATION FOR BAAT PURPOSES ONLY

Title	<input type="text"/>	Forename	<input type="text"/>	Initial	<input type="text"/>
Surname	<input type="text"/>				
Job Title	<input type="text"/>	Member No. (If known)	<input type="text"/>		

Home Address

Work Address

Home Tel:	<input type="text"/>	Work Tel:	<input type="text"/>
Mobile:	<input type="text"/>	Work Mobile:	<input type="text"/>
Email:		<input type="text"/>	

We like to send a professional email to members, normally monthly. This contains news of professional developments and information on job vacancies. If you have not supplied an email address this information will be posted to you. Please note that you will receive information less quickly via the post. If you have given an email address but would like to receive this material through the post please indicate in the space below.

Union	<input type="text"/>	Union Member No.	<input type="text"/>
Art Therapy Training College	<input type="text"/>	Date qualified	<input type="text"/>

Membership Category (tick as appropriate)

Full (over 12 hours per week)	£150.00	<input type="checkbox"/>	
Underemployed (under 12 hours per week)	£80.00	<input type="checkbox"/>	(please provide evidence of hours)
Unemployed	£40.00	<input type="checkbox"/>	(please provide evidence of unemployment)
Retired	£40.00	<input type="checkbox"/>	
Payment method (please tick):	Cheque <input type="checkbox"/>	Direct Debit <input type="checkbox"/>	

Payment frequency (for Direct Debit only): Yearly / Quarterly (delete as appropriate)

If paying by cheque you must make a single annual payment Amount enclosed £

If paying by Direct Debit please complete the attached Direct Debit Mandate form. Do not send a cheque if you have an existing standing order in favour of BAAT, please make sure that you complete the section cancelling the standing order

I have enclosed a copy of my Art Therapy Diploma or confirmation of graduation

INFORMATION TO APPEAR IN THE BAAT DIRECTORY

For Office Use Only

BAAT Memb. No _____

Processed _____

Date _____

Title Forename

Initial Surname

Professional Qualifications

Which address do you wish to publish in the BAAT Directory? **Please tick one only**

Home

Work

Other

Only one address will be printed. Use 'other information' box below to provide details of additional places of work.

Practice Area(s) Please tick areas in which you are currently practicing

Private Practice

Health Service

Social Services

Education

Charitable Organisation

Community Service

Independent Sector

Nursing Home

Private Hospital

Private Health Care Sector

Voluntary Services

Prison – Probation Services

Other (please state) _____

Clinical Area(s) Please tick areas in which you are currently working

Autism

Cancer Care

Counselling

Groups

Eating Disorders

Forensic

HIV & AIDS

Learning Disabilities

Mental Health

Organisations

Palliative Care

Physical Disabilities

Supervision

Refuges

Training

Women

Other (please state) _____

Client Group Please tick client groups you are currently working with

Child

Adolescent

Adult

Elderly

Family

Groups

Organisation

Other

Languages other than English in which therapy can be conducted (if sign language is available please specify which version (eg. BSL))

HPC Registration No. * **AS**

(Not your BAAT No.)

* Without your HPC number we are unable to process your application. We can only approve your application if you have a current registration with the Health Professions Council.

Other information you wish to have feature in the BAAT Directory (up to 100 words)

If you prefer, you may email this information with your name and the title "Details for Directory" to info@baat.org

Please type or write clearly

Data Protection Authorisation

I understand that the information that I have provided above will be used to produce a Directory of BAAT members and will be made available to the public. I hereby give my authorisation for these details to be included in the BAAT Directory until such time as I inform BAAT to the contrary. All other information held by BAAT will be used only for the purposes of intra-professional communication.

Signed

Date

