

## Declaration for Accreditation with the Association of Child Art Psychotherapists

I \_\_\_\_\_ agree to the Codes of Ethics and Practice and comply with the ACAP Complaints Procedure.

I agree to being covered by Insurance against Professional Indemnity and Public Liability risks in my practice.

I have not been debarred for any professional misconduct by any other professional organisation. I agree to inform ACAP should I become aware of any such issue arising in the future.

I certify that all the information in the Accreditation Form is correct to the best of my knowledge. I also understand that any false or misleading information could result in my affiliation with ACAP being rejected and accreditation application being rescinded.

I commit to ongoing personal and professional development.

I understand that I will need to commit to re-accreditation requirements by ACAP. Should I allow my membership to lapse, I understand I am not permitted to refer to or advertise myself as an 'accredited member of ACAP' and will need to reapply for accreditation.

I commit to ongoing Supervision in my work as per the requirements of ACAP (see Supervision Policy).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_