

**REGISTRATION OF PRACTITIONERS OF PSYCHODRAMA PSYCHOTHERAPY**  
(revised March 2017)

Name (including title):

Home Address:

Professional Address: *(if different)*

Telephone No: *Home*  
*e-mail:*

*Professional:*

**DETAILS OF PSYCHODRAMA TRAINING**

1. Date of obtaining Diploma

2. Training Organisation:

Supervisor during training group practice:

3. What psychodrama groups and / or individual sessions do you run at present? (with starting dates)

4. Details of Supervision arrangements:

I wish to join the Register of Psychodrama Psychotherapy Practitioners held by the British Psychodrama Association.

*As a Member of the British Psychodrama Association (BPA) I hereby agree to abide by and conform to the BPA Code of Ethics for Practice and any and all prevailing UKCP Guidelines. By joining the BPA I am confirming that I meet the membership requirements of Practitioner Membership. (If you are unsure of the requirements for the category Practitioner membership, please contact us for clarification).*

Signature:

Date:

On completion, **this form** should be sent with a copy of your **Psychodrama Diploma Certificate**, to:

British Psychodrama Association  
33 Prince's Road  
Cheltenham  
Gloucestershire  
GL50 2TX