

Re-Registration Of Practitioners Of Psychodrama

Name:

Home Address:

Professional Address: (if different)

Telephone No: Home

Professional

E-mail address:

DETAILS OF RE-REGISTRATION PROGRAM

Name of Mentor:

Date of commencement of program:

Full details of the re-registration program. Please provide on a separate sheet.

I wish to enter the process for re-registration on the Register of Psychodrama Practitioners held by the British Psychodrama Association and 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.

Signature: _____ Date: _____

I have agreed to mentor the above applicant within the guidelines of the return to practice program.

Mentor's Signature: _____ Date: _____

On completion this form should be returned to the BPA Administrator at the address below
British Psychodrama Association. Registered in England: Company Number 2928708. Registered
address: 33 Princes Road, Cheltenham, Gloucestershire GL50 2TX