



**Association of  
Personal Counsellors Inc.**

# Application for Inclusion on the Referral Register

This form is for you to supply the APC with details necessary to refer clients to you.

Please note: clients *will not* be referred to you by APC unless:

1. You return this form, completed and signed.
2. You have Professional Indemnity Insurance and supply APC with your policy number and the name of the company with which you are insured.
3. You are a financial member of APC.
4. You are receiving regular supervision.
5. You are a Clinical Member.

Name:.....

Address:.....

.....

Other telephone (H).....Other.....

Email Address.....

**Professional Indemnity Insurance cover**

Company.....Master Policy Number.....

Certificate number.....

**PACFA Registration Number:**

**Supervision**

Supervisor's name:.....

Address.....

.....

Supervisor's contact number.....

I am a financial member of APC.

I wish to receive referrals from APC.

Signed:.....Date:.....