

**SLAPC**Sri Lanka Association of
Professional Counsellors
& Psychotherapists**SRI LANKA ASSOCIATION OF PROFESSIONAL COUNSELLORS AND PSYCHOTHERAPISTS**

Affiliated to the Institute of Psychological Studies (TVEC Reg.no P01/0053)

Affiliated to the International Buddhist Relief Organization in the UK (UN Reg.no 1049429)

455 Coop House Building, Galle Road, Colombo 03

Tel: 0112555400/ 0773680930 Email: slapc.official@gmail.com**Membership Application Form**

Year of Registration: (Office Use only)

NAME (Rev/Prof/Dr/Mr/Mrs/Miss):			
OFFICIAL ADDRESS:			
PERSONAL/PERMENENT ADDRESS:			
PHONE NO/MOBILE NO:			
EMAIL ADDRESS:			
CURRENT DESIGNATION:			
LETTERS TO BE ADDRESSED TO: (OFFICIAL/PERSONAL):			
NATIONAL IDENTITIY CARD NO:			
QUALIFICATION AS A COUNSELLOR AND PSYCHOTHERAPIST			
THE INSTITIUTE	YEAR	QUALIFICATION	GRADE
HIGHER EDUCATIONAL QUALIFICATIONS			
THE INSTITUTE	YEAR	QUALIFICATION	GRADE

WORK EXPERIENCE IN THE FIELD		
THE INSTITUTE	WORK EXPERIENCE	TIME PERIOD

THE STATEMENT

I hereby agree to be submitted to the Sri Lanka Association of Professional Counselors and Psychotherapists and to abide by its rules and regulations. I also promise to follow the code of ethics of SLAPC and preserve the dignity of the Counselling and Psychotherapy profession.

Date:

Signature:

FOR SLAPC USE ONLY

Membership Approved:

Membership Number	
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Membership Category	Mark with a Tick	Official Remarks
Honorary Member		
Fellow Member		
Accredited Member		
Registered Member		
Associate Member		
Student Member		

.....
Hon. Secretary

Date:

.....
Hon. President

Date:

Note

The following documents should be handed over to the office along with the duly completed Application form.

1. Copy of each Certificate & Transcript (Diploma in Counseling & Psychotherapy)
2. Copy of National Identity Card
3. Stamp size three colored photographs in Ash or white background
4. Certificate copies of other Higher Educational Qualifications (Ex: Degree Certificate etc.)