



## Accredited Practitioner Register™

### APPLICATION FORM

Athena Herd Foundation has established this Accredited Practitioner Register™ (the “Register”) to define a set of professional standards supporting the delivery of Equine Assisted and Facilitated Interactions.

Successful completion of the Athena Herd Foundation Level 4 Equine Facilitated Diploma gives people eligibility to join the Register which reflects the standards of competence, professional and ethical behaviour, and general business practice as defined by the Professional Standards Authority (<https://professionalstandards.org.uk>).

To progress your application we need each of the following to have been completed and/or confirmed:

- signed and dated commitment to terms under the declaration of compliance
- completion of your personal details
- completion of all following tables covering detailed requirements for qualifications and supporting documentation
- signed and dated confirmation of completeness and accuracy of information provided
- confirmation of applicable fees

### Objective

The objective of the Accredited Practitioner Register™ serves to:

- create and maintain professional ethics and standards that prioritise the health and wellbeing of clients and public and protects them from harm or injury;
- promote and maintain client confidence and public credibility in the benefits of Equine Assisted and Facilitated interventions and the delivery thereof;
- provide a clear definition of professional standards required to support the delivery of Equine Assisted and Facilitated Interactions;
- maintain ongoing compliance with these standards by all registered Practitioners.

### Declaration of Compliance

Application to, and ongoing annual membership of, the Accredited Practitioner Register™ means agreement to, and a declaration of compliance with, the following (where appropriate):

- I confirm that the information provided by me in support of my application or annual renewal of registration is complete and accurate.
- I confirm that the completion of the registration checklist and signature attached serves as confirmation of my declaration of compliance.



- I confirm that I have an ongoing professional practice and commit to undertaking appropriate CPD to keep my skills up to date should there have been a gap in my professional practice (over 2 years).
- I confirm and agree that I will abide by the Athena Herd Foundation Ethical Basis for Good Practice and Framework of Professional Standards.
- I confirm that I will never take advantage of, nor enter into, any inappropriate physical or emotional relationships, with a client or service user.
- I will keep my client's affairs confidential at all times.
- I shall never advise clients to discontinue any treatment prescribed by a GP or any other Registered Medical Practitioner and shall at all times respect the integrity of other health care professionals.
- I shall not claim to have qualifications or credentials I have not earned or offer therapy or coaching in any modality for which I do not hold a qualification. Neither shall I use designated letters to which I am not entitled.
- I will not become or remain a member of any organisation that has been found to be dangerous or fraudulent and may cause detriment to Accredited Practitioner Register.
- I will notify Accredited Practitioner Register any unspent convictions or restrictions that prevent me working with children and vulnerable adults.
- I will accept the authority of the Accredited Practitioner Register, including any decisions reached by its Professional Complaints Review Committee regarding any breach of Professional Standards, the Ethical Bases of Good Practice and this Declaration of Compliance, including suspension or termination of my membership for infringement of these commitments and that any such.
- I accept that any findings or sanctions imposed where considered in the public interest will be published online on the register's Professional Conduct Notices webpage.
- I commit to having in place, and maintaining compliance with, a core set of policies, including a general set of terms and conditions that support my practice.
- I will make my membership of the Register clear on my own website, including the use of the correct logo provided by the register. Alongside this information I will make clear that the Register provides a means of raising concerns or complaints about the service or the provider of those services.
- I confirm and agree that I will abide by and align to the Athena Herd Foundation Framework for the Ethical Treatment for Horses and provide a clear route for registrants or service users to raise concerns about the treatment of horses engaged in the provision of services.
- I confirm and agree that I will maintain correct, complete and up to date personal and professional details on my personal "Profile" page of the Athena Herd Foundation website as required for the Register.
- I confirm that I maintain current professional indemnity insurance sufficient to my area(s) of practice, and that I will submit current copies of said policy.
- I confirm and agree that I will ensure that I undertake and record continuing professional development (CPD) in line with the Register's requirements.



- I confirm and agree that I will ensure that I have appropriate supervision in place in line with the Register's guidelines, one hour with every 25 of practice or, at least one hour per eight weeks, dependent upon levels of Equine Interactions being facilitated. It is noted that supervision levels may be more demanding for other memberships.
- I confirm and agree that I will not make false or unsubstantiated claims about the benefit of Equine Facilitated work or in anyway undermine the services provided through conventional medicine and health care.
- I confirm and agree that I understand that confirmation of my compliance with professional conduct details may be disclosed to relevant parties, where deemed necessary or obligatory.
- I confirm that I understand and agree that non-compliance with this declaration precedent to registration can lead to the withdrawal and/or suspension of membership of the Register.
- I confirm that I am aware that the Register is accessible to the public via the Athena Herd Foundation website and as such I agree that information regarding my name, geographical location, contact details, and membership status is freely available.
- I confirm that I have never been the subject of formal disciplinary findings or upheld complaints, or been suspended from any professional or regulatory body.
- I confirm that in addition to submitted documents and confirmations that if required I will make all documents and records available as required under the audit requirements of the Register, including evidence of any complaints raised.
- I confirm and agree that in completing this application or renewal I will be bound the Athena Herd Foundation Terms and Conditions (available at <http://athenaherd.org>).

I confirm my understanding of the terms within this Declaration of Compliance and that I agree to comply with them throughout all elements of my professional practice and its promotion.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Non-Athena Qualifications

Athena Herd Foundation recognises that not all applicants for the Accredited Practitioner Register™ will have completed Athena Herd Level 4 qualifications.

Applicants who have not been through Athena Herd Foundation Training Programmes must have a regulated qualification of at least Level 4 (England and Wales). Requirements are provided within the Standards of Education and Training published on the Register's website.



**Registration application/renewal checklist and confirmation**

**Your details:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Nationality: \_\_\_\_\_

Business/Company name: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Application or Renewal: \_\_\_\_\_ Date: \_\_\_\_\_

**Which of the following definitions best defines your role as it should be maintained on the register?**

- |                                   |                          |                                |                          |
|-----------------------------------|--------------------------|--------------------------------|--------------------------|
| Equine Facilitated Practitioner:  | <input type="checkbox"/> | Equine Assisted Practitioner:  | <input type="checkbox"/> |
| Equine Facilitated Psychotherapy: | <input type="checkbox"/> | Equine Assisted Psychotherapy: | <input type="checkbox"/> |
| Equine Facilitated Therapy:       | <input type="checkbox"/> | Equine Assisted Therapy:       | <input type="checkbox"/> |
| Equine Facilitated Learning:      | <input type="checkbox"/> | Equine Assisted Learning:      | <input type="checkbox"/> |

**Your practices/modalities in addition to Equine Assisted or Facilitated work:**

Please indicate only additional therapies, practices or modalities that are covered by membership of other appropriately accredited registers.

- Psychotherapy:  Counselling:  Coaching:  Occupational therapy:   
 Hippotherapy:  Family and Systemic counselling:  Teaching:  Other:

Accredited register memberships:

Membership/reference number:

Requirements	Note of document attached / or signed confirmation
Copies of qualifications which support your Equine Facilitated Interaction practice and any additional practices and/or modalities indicated above.	
Membership of associated professional bodies, lists or registers and membership numbers	
General terms and conditions	
Data Protection/Privacy Policy	



<b>Requirements (continued)</b>	
Data Retention Policy	
Complements and Complaints Policy	
Safeguarding Policy	
Client waiver form	
Professional Indemnity Insurance	
Copies of appropriate Risk Assessments	
Proof of current First Aid qualification or commitment to working only where onsite First-aiders are onsite.	
Confirmation of commitment to Supervision obligations within professional registrations	
Copies of current DBS checks (or regional equivalent) where appropriate for your work.	
Confirmation that client waivers and session records are being maintained	
Statement of completed CPD hours in the last 12 months (not required for first year)	
Confirmation of never having been the subject of formal disciplinary findings or upheld complaints upheld, or been suspended from any professional or regulatory body	

I confirm that all information that I have provided is truthful and that I have provided full and complete disclosure of all matters that may be relevant to my registration. I further confirm and agree that if there are any changes to any of the information I have given, I will notify Athena Herd Foundation without delay.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Fees

Application - £75  Membership (UK) - £125  Membership (International) - £95

Membership fees cover one year membership of the register. The application fee is an additional charge only applicable to cover initial application to the register.