



Accredited Practitioner Register™

The Accredited Practitioner Register™ (the “Register”) was set up to define a set of professional standards supporting the delivery of Equine Assisted and Facilitated Interactions.

Membership of the Register represents an adherence to standards of competence, professional and ethical behaviour, and general business practice as defined on the [Register's website](#) in alignment to the terms of accreditation defined by the [Professional Standards Authority](#).

Standards of Education and Training

The Register recognises a minimum of a Level 4 qualification in Equine Facilitated or Assisted Interactions, as well appropriate qualifications in any registered therapeutic activities.

These are clearly defined in Register's Standards of Education and Training which outlines the qualifications that are considered appropriate for application. It also recognises that some practitioners who may have an existing practice but no formal equine-related qualifications; such individuals can apply for a Certificate of Proficiency to support their application. More information is available on the [Register's website](#).

Non-UK Residence and /or Practice

PSA regulation is limited to those resident in, or practicing within, the UK. Non-UK residents can apply for membership, but will not be regulated under the PSA umbrella, although such membership still requires practitioners to adhere to the Register's standards and conditions.

Objective

The objective of the 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 or Facilitated Interactions 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 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 Register’s 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 the Register.
- I will notify the Register any unspent convictions or restrictions that prevent me working with children and vulnerable adults.
- I will accept the authority of the 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 Register’s 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 or Assisted work or in any way 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, in completing this application or renewal, that I have read and agree to be bound the Athena Herd Foundation Terms and Conditions as amended and updated from time to time (available at <http://athenaherd.org>).

I confirm my understanding of the terms and conditions 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: _____



Registration application/renewal checklist and confirmation

Your details:

Name: _____ Title: _____

Address: _____
 _____ Telephone: _____

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 Practitioner: | <input type="checkbox"/> | Equine Interactions: | <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:
 Play therapy: Family and Systemic counselling: Teaching: Other:

Accredited register memberships:

Membership/reference number:

Requirement	Note of document attached or signed confirmation
Copies of qualifications which support your Equine Facilitated Interaction practice and any additional practices and/or modalities flagged above. <i>Or a verified Certificate of Proficiency from the Register.</i>	
Membership of associated professional bodies, lists or registers and membership numbers	

Requirement	Note of document attached or confirmation
General terms and conditions	
Signed confirmation of commitment to the conditions defined under the Declaration of Compliance (above)	
Data Protection/Privacy Policy	
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 Register without delay.

On receipt of this signed application, you will be invoiced £75 to cover the application fee which must be settled immediately.

Signed: _____ Date: _____