



KENYA COUNSELLING AND
PSYCHOLOGICAL ASSOCIATION
AGIP House, 4th Floor, Room 422, Adjacent Times Towers
P. O. Box 41132-00100 Nairobi, Kenya
Tel: 0726 068 933, 0724 092 933
Email: kcpa@kenyacounsellingandpsychologicalassociation.org
Website: kenyacounsellingandpsychologicalassociation.org



APPLICATION FORM FOR INDIVIDUAL MEMBERSHIP (REVISED POLICY, 2023)

Please fill in this form and provide the following:

- i) Relevant certificates;
- ii) A copy of National Identity card;
- iii) A colored passport photo;
- iv) A duly filled individual member application form;
- v) Other requirements for level applied as stipulated in the Accreditation Policy, 2023
(See levels in the website)
- vi) Evidence of payment

- 1) Name in full:
- 2) ID No Tel (Mobile).....
- 3) Email: (IN BLOCK)
- 4) Address: (i) P. O. Box Code Town
- 5) Physical location: (eg Building, Street, Room number)
- 6) County of practice Sub County.....
- 7) Highest level qualification related to Counseling or Psychology (support with copies and transcripts).....
- 8) **Tick your Psychology Division:** Counselling Psychologist; Marriage and Family Therapist; Child Therapist; Adolescent Therapist; Addiction Counsellor; Community Psychologist; Medical Psychologist; Clinical Psychologist; Forensic Psychologist; Education Psychologist; Sports Psychologist; Trauma Psychologist; Organizational Psychologist; Developmental Psychologist; Health Psychologist; Neuropsychologist; Occupational Psychologist; Speech Therapist; Clinical Supervisor; Social Psychologist; Occupational Psychologist and Political Psychologists. Other (Indicate).....

NB: Relevant certificate to be submitted

PAYMENT DETAILS (KCPA does not accept cash payments)

KCPA subscription is valid for one year and is renewable on expiry date

Requisite fees are payable to:

Kenya Counselling and Psychological Association

Cooperative Bank 01134308358300 Aga Khan Walk

Or Mpesa Till Number 326109 buy Goods and Services

Or Mpesa PAYBILL: **4114027** and Account name shall be

Membership Application

Amount paid (Kshs):

Declaration

I confirm that the information given above is true and undertake to follow the KCPA Constitution, rules, regulations, and Code of Ethics.

Signature.....Date.....

All applications and subscriptions to:

Board Patron, Standards Ethics and Accreditation Committee (SEAC)

For Official Use Only

Payment Receipt Number: Membership Number:

Status Given: Certificate valid from To

Authorized KCPA signatory: Date