

Student evidence template for BACP student membership

Place of study headed paper



25 June 2021

Must be dated within the
last 12 months

Membership Services

BACP
BACP House
15 St Johns Business Park
Lutterworth
Leicestershire
LE17 4HB

RE: BACP Student Membership Application for Jane Smith*

As course tutor/administrator I can confirm that:

- Student's Name: Jane Smith*
- Course Title: Diploma in Counselling*
- Course Duration:
 - o Start Date: September 2020
 - o End Date: July 2022*
- Current Course Year: Year 1*
- Teaching Delivery Method: Face to face Classroom tuition

If the course is BACP
accredited or BACP approved,
please notify us of this here

This should state if the course
teaching delivery method is face to
face or includes a maximum
of 30% online
(synchronous) learning

I can also confirm that the above course includes a placement of a minimum 100 hours of supervised practice integral to the course of which the majority are delivered face to face.*

Kind regards

A handwritten signature in black ink that reads "John Jones".

John Jones*
Course Tutor/Administrator*

The letter must have an
original signature
(Letters signed 'per pro' will
not be accepted).

*Amend as necessary for each student
and to reflect their course details