

Upgrade template for qualified BACP Individual Membership

Place of study headed paper



DATE

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

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

As course tutor/administrator I can confirm that the student named below has successfully completed all elements of their course (including placement hours) and achieved/been awarded their qualification.

- **Student's Name: ***
- **Course Title:***
 - o **Start date:***
 - o **End date: ***
- **Completed number of integral placement hours:*** e.g. 100+
- **Awarding Body (if applicable)***
- **Date of award/Assessment Board:***

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

Kind Regards

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

(Course Tutor/Administrator name)
(Email contact details)
Course Tutor/Administrator

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