



Irish Association for Counselling and Psychotherapy

# Change of Supervisor Report Form for Accredited Members & Supervisors

To be completed by your Supervisor if the Supervision Contract ends during the course of the annual accreditation period. Please complete using CAPITAL LETTERS and return to: Course Accreditation Supervisor, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin, when renewing accreditation.

Name of Applicant: \_\_\_\_\_ IACP Membership No: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

Supervisor Accrediting Body & Membership Number: \_\_\_\_\_

Date and Period of Current Supervision Accreditation: from (dd/mm/yy): \_\_\_\_\_ to (dd/mm/yy): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Start of Supervision Contract (dd/mm/yy): \_\_\_\_\_ End of Supervision Contract (dd/mm/yy): \_\_\_\_\_

Number of hours of Supervision with applicant since renewal of accreditation: Individual: \_\_\_\_\_ Group: \_\_\_\_\_ Peer (Supervision): \_\_\_\_\_

Frequency of Supervision: \_\_\_\_\_ Length of group Supervision sessions: \_\_\_\_\_ Number of supervisees in group: \_\_\_\_\_ per month

Does the supervisee occupy other significant roles in your life? Yes  No

If Yes please explain: \_\_\_\_\_

Are you satisfied that the supervisee is abiding by the IACP Code of Ethics?: Yes  No

Are you satisfied that the supervisee is engaging with CPD requirements: \_\_\_\_\_

I recommend the renewal of the applicant's IACP Accreditation: Yes  No

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Documents will be destroyed after an appropriate period of time as per the IACP Retention policy. Do not send any original documents unless specifically requested. Keep a copy of any application forms/correspondence you send to IACP for your own records.