



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 us 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): _____

Number of client hours supervised with applicant since renewal of accreditation: _____

Frequency of Supervision: _____ Length of group Supervision sessions: _____ Number of supervisees in group: _____

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: _____