



Irish Association for Counselling and Psychotherapy

Supervisor's Report for Applicants seeking First Time Accreditation

NOTICE TO SUPERVISOR:

You are advised to read the 'Accreditation' Section on the IACP Website: in particular – Supervision Requirements/First Time Accreditation.

Supervision of post-training counselling / psychotherapy work must not be undertaken with a Supervisor, who either supervised the applicant while a student during training, or was involved with or had an interest in the core course. (Please refer to the Accreditation Section of IACP website www.iacp.ie under Accreditation / Supervision Requirements).

The Supervisor supervising the applicant for the 12 months immediately preceding their application is required to read and sign the applicant's completed application form.

Please note: the Applicant will need a Supervisor's Report from each Supervisor they worked with for the 450 client hours. The applicant must be with the same Supervisor for a minimum of 12 months prior to submitting their application for accreditation.

Please return this completed form to:

The Accreditation Department, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin or scan and email to accreditation@iacp.ie

1. APPLICANT'S PERSONAL DETAILS

Name: _____

Membership Number: _____

2. SUPERVISOR'S PERSONAL DETAILS

The Supervisor must fulfil the requirements of IACP for supervision of IACP members.

"From March 2010, a requirement came into effect that those beginning supervision, or current Members changing Supervisor (i.e. new contracts), will have to have their work supervised by a Supervisor accredited by IACP or accredited by an equivalent body acceptable to IACP" (IACP, IAHIP, BACP* Accredited Supervisors).

Name: _____

Address: _____

Phone Number: _____

Qualification/s: Counselling / Psychotherapy _____

Qualification/s: Supervision _____

Experience in supervision of counselling / psychotherapy: _____

Main area of your work: _____

Professional Membership/s: _____

2 (i). Are you an IACP Accredited Supervisor: Yes / No

Membership No: _____

Date and period of current IACP supervisor accreditation

From (month and year): _____ To (month and year): _____

If you are not an IACP Accredited Supervisor - please fill in the following details:

Name of Association with whom you are accredited: _____

Membership No: _____ Date of Supervisor Accreditation: _____

Date and period of current supervisor accreditation:

From (month and year): _____ To (month and year): _____

2 (ii). How long have you been supervising the applicant?

(It is essential that the current supervisor has been supervising the applicant for a minimum of 12 months prior to writing this report)

Individually

From (dd/mm/yy): _____ To (dd/mm/yy): _____

In a Group

From (dd/mm/yy): _____ To (dd/mm/yy): _____

2 (iii) Total number of client hours (excluding mandatory 100/120 student client training hours) **completed under your supervision:**

a. How often do you meet the applicant for individual supervision?

Individually

Frequency: _____ Length of Session: _____

b. How often do you meet the applicant for group supervision? (If including Group Supervision, Please refer to the Accreditation Section of IACP website / Supervision / Supervision requirements for Pre-Accredited Members.

Group

Frequency: _____ Length of Session: _____

c. How many members are in the group? _____ How many group supervision meetings are held per year? _____

d. Does the applicant present his / her work regularly? _____

3(i) Has the applicant completed the required 450 post course counselling / psychotherapy hours?

Yes / No

(ii) And the required minimum of 45 supervision hours?

Yes / No

4. What is the method / model of your supervision? (e.g. case notes / review of sessions / counselling / psychotherapy in presence of Supervisor / use of video tape recordings etc.)

5. Do you consider that the applicant has received sufficient training and experience for accreditation as a Counsellor/ Psychotherapist?

7. Do you consider that the applicant has sufficient self-awareness and discipline to be an able and responsible counsellor/ psychotherapist? What part of the applicant's training, skills and competencies do you consider most relevant to their work?

8. Do you consider that in practice the applicant is a competent Counsellor / Psychotherapist?

9. What do you consider makes the applicant a competent Counsellor/Psychotherapist?

10. Are you satisfied that the applicant will counsel in accordance with the IACP Code of Ethics and Practice?

11. Do you believe the applicant is committed to on-going personal and professional development?

12. Is there any reason why, to your knowledge or in your opinion, the applicant should not be accredited by IACP?

I recommend the applicant for First Time Accreditation Yes ☐ No ☐

If No please state reason: _____

Additional comments: _____

SIGNATURE OF SUPERVISOR:

Signed: _____

Date: _____

DECLARATION BY **CURRENT** SUPERVISOR:

I have read the applicant's application form which, to the best of my knowledge, is correct

Signed: _____

Date: _____

IACP gather and process your personal information in accordance with the relevant Irish Data Protection legislation and other, applicable laws. We process your ~~personal~~ information to meet our legal, statutory, and contractual obligations and to provide you with our products and services. We will hold your data securely and will never ~~disclose~~ your data to another organisation without your consent, unless required to do so by law. In addition, we only ever retain personal information for as long as is ~~necessary~~. Should we engage the services of third party service providers in order to process your data, such processing is done in compliance with the applicable legislation, and ~~within~~ the terms of a formal, written contract.