



*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 - First Time Accreditation / Supervisor Requirements for Pre-Accredited Members.

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 web site [www.iacp.ie](http://www.iacp.ie) under Accreditation / Supervision Requirements).

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

Please note: If the Applicant has changed supervisor during the pre-accreditation period they will need a Supervisor's Report from each Supervisor. 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 Secretary, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin.

## 1. APPLICANT'S PERSONAL DETAILS

Name: \_\_\_\_\_

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

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): \_\_\_\_\_

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. Has the applicant completed the required 450 post course counselling / psychotherapy hours? Yes / No

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?

\_\_\_\_\_  
\_\_\_\_\_

6. What part of the applicant's training, skills and competencies do you consider most relevant to their work?

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7. Do you consider that the applicant has sufficient self-awareness and discipline to be an able and responsible counsellor/ psychotherapist?

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

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

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

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

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

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13. Any other comments?

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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: \_\_\_\_\_