

To be completed by your Supervisor (**IACP, BACP, IAHIP Accredited only**). Please note that during the Pre-Accredited stage, you **may not** contract with a Supervisor that was involved in the Course/College/Institute or Organisation during any part of your training.

**Please complete the form using CAPITAL LETTERS and upload to the online portal as per the application instructions alongside a copy of your professional indemnity insurance and confirmation of your qualification.**

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.

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

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

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

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

I will bring the supervisee's awareness to the IACP Code of Ethics?:                      Yes              No

I am aware that the supervisee must engage with CPD requirements (Pre-Accredited members must complete 10 per annum):  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments: \_\_\_\_\_  
\_\_\_\_\_

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