

# 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.

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

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: \_\_\_\_\_