



Irish Association for Counselling and Psychotherapy

Supervisor's Report for Applicants seeking Accreditation as a Supervisor

NOTICE TO SUPERVISOR: Please use CAPITAL LETTERS throughout your application.

You are advised to read the 'Supervision' Section on the IACP website, in particular – "How do I become an Accredited Supervisor / Supervision", requirements for Accredited Members, and IACP "Code of Ethics and Practice for Supervisors of Counsellors & Psychotherapists" before completing this form (www.iacp.ie).

The External Supervisor During training is required to read the applicant's completed application form.

Please return this completed form to accreditation@iacp.ie or post to:

The Accreditation Department, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin

1. APPLICANT'S PERSONAL DETAILS

Name: _____

Address: _____

Membership Number: _____ Email Address: _____

2. SUPERVISOR'S PERSONAL DETAILS

The Supervisor must fulfil the requirements of IACP for supervision of its 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: _____ Email Address: _____

Qualification/s: Counselling / Psychotherapy _____

Qualification/s: Supervision _____

Experience in supervision of counselling / psychotherapy:

Main area of your work: _____

Professional Membership/s: _____

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 first Supervisor Accreditation: _____

Date and period of current Supervisor Accreditation:

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

3. SUPERVISION CONTRACT

(i) How long have you been supervising the applicant?

Individually

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

In a Group

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

(ii) Does the supervision contract have a termination date or is it open to review?

(iii) Please state the nature of your supervisory contract with the applicant?

(iv) Does your contract include supervision of the applicant's counselling and psychotherapy work as well as supervision of the applicant's supervision practice?

4. INDIVIDUAL SUPERVISION

(i). How often do you meet the applicant for individual supervision?

Frequency: _____ (ii) Length of Session: _____

4. GROUP SUPERVISION

(i) 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.)

Frequency: _____ (ii) Length of Session: _____

(iii). How many members are in the group? _____

(iv). Total number of supervision hours with the applicant during their supervision training?

5. ETHICS AND PRACTICE

(i) Do you consider that the applicant is familiar with and will adhere to the IACP Code of Ethics and Practice for Counselling / Psychotherapy?

(ii) Are you satisfied that the applicant's work complies with IACP'S Code of Ethics and Practice for Counselling / Psychotherapy?

6. METHOD OR MODEL OF SUPERVISION

What method or model of your supervision do you use with this applicant (e.g. case notes / review of sessions / role play, use of video tape recordings etc.) Please give details.

7. SUITABILITY OF THE APPLICANT FOR SUPERVISOR ACCREDITATION

Do you consider that the applicant has a sufficient range of knowledge and experience to be able to supervise Counsellors / Psychotherapists from a variety of theoretical models and approaches?

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

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

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

11. If you answered Yes to question 10, please explain

12. Any other comments?

DECLARATION BY EXTERNAL SUPERVISOR DURING TRAINING:

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

Signed: _____

Date: _____

Documents will be destroyed after an appropriate period of time as per the IACP Retention policy. Do not send any original documents unless specifically requested. Keep a copy of any application forms/correspondence you send to IACP for your own records. 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.