

Supervisor Report for Pre-Accredited Members

To be completed by your Supervisor (**IACP, BACP, IAHIP Accredited only**). Please note that while you may continue to work with your Supervisor from training 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 eg. Lecturer. You must be with the same Supervisor for 12 months preceding a First Time Accreditation Application.

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, qualification and Pre-Accredited Membership application form.

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: _____

Are you satisfied that the supervisee will abide by the IACP Code of Ethics?: Yes No

Are you satisfied that the supervisee will engage with CPD requirements (Pre-Accredited members must complete 10 per annum):

Any other comments: _____

Signature of Supervisor: _____ Date: _____