



Irish Association for Counselling and Psychotherapy

Supervisor Accreditation Application Form

NOTICE TO APPLICANTS: Please use CAPITAL LETTERS throughout your application. If insufficient space is provided on this form, you may attach extra pages, numbering each additional answer.

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

Please return this completed form, together with a copy of your qualification to: Accreditation Department, IACP, First Floor, Marina House, 11-13, Clarence Street, Dun Laoghaire, Co. Dublin or via email to accreditation@iacp.ie If your course is not accredited by IACP, a coursebook will be required.

All applications are processed strictly in order of receipt.

1. PERSONAL DETAILS

Gender: _____ Date of Birth (dd/mm/yy): _____ Title: _____

Surname: _____ Forename: _____

Email: _____ Membership No: _____

Date when first accredited as a Counsellor / Psychotherapist by IACP (minimum 5 years): _____

(Home Phone) _____ (Mobile) _____

Employer / Occupation: _____

Address: _____

ONGOING MEMBERSHIP VERIFICATION

I give my consent to IACP to share my membership status with third parties such as members of the public, employers and health insurers for the purposes of membership verification:

Yes _____

No _____

If successful, I would like my name and County published in the quarterly IACP Journal as a Newly Accredited Supervisor

Yes _____

No _____

2. CORE COURSE

SUPERVISION CORE TRAINING COURSE

(Evidence of successful completion of core course must be submitted with application)

2.1 Course Provider: _____

Name of Course: _____

Address / Location: _____

Start Date: _____ End Date: _____

SAMPLE

IF CORE COURSE IS IACP-ACCREDITED, PLEASE GO DIRECTLY TO SECTION 3.

IF APPLYING WITH A NON-IACP ACCREDITED COURSE, PLEASE INCLUDE A COURSE HANDBOOK/RELEVANT DOCUMENTATION TO VERIFY THE BELOW:

2.2 Core supervision model (e.g. Hawkins & Shohet Model, Holloway Systems Model): _____

Other models / theories studied (e.g. Developmental models): _____

2.3 Entry Requirements
(e.g. Interview / previous qualifications/min. accreditation term) _____

2.4 Total staff / student contact hours
(e. g. hours per week / weekend) _____

2.5 Total supervision practice hours required by the course (Min. 50): _____

Internal (with your peers on the course): _____ External (with supervisees): _____

Of these how many were: Individual _____ Group _____

2.6 Assessment & evaluation process
(e.g. exams, written assignments)

Name & qualifications of External Examiner

2.7 Course Core Staff
Number of Core staff: _____

Name & Qualifications of Core Staff:

2.8 Professional Accreditation of core staff:
(One member of the core staff must be an Accredited Member of IACP for a minimum of 5 years)

3. SUPERVISION OF YOUR SUPERVISION PRACTICE HOURS WHILE ON THE SUPERVISION TRAINING COURSE

3.1 External Supervisor's Details

Name: _____

Address: _____

Qualifications: _____

SAMPLE

3.2 Please specify the total number of supervision practice hours completed during the course

Internal (with your course peers): _____ External (with a supervisee): _____

Individual: _____ Group: _____

Was a written report from your external supervisor an integral part of the course assessment? Yes _____ No _____

3.3 Any other current Supervision? Yes _____ No _____

(Please note that you are required to submit a report from your external Supervisor(s) during training with this application).

4. PROFESSIONAL LIABILITY INSURANCE

Name of Insurance Company: _____

Policy Number: _____

Expiry Date: _____

5. ACCEPTANCE OF THE CODE OF ETHICS AND PRACTICE FOR SUPERVISORS OF COUNSELLORS AND PSYCHOTHERAPISTS:

I have read the IACP Code of Ethics and Practice for Supervisors and I agree to abide by it.

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.