



*Irish Association for Counselling and Psychotherapy*

# Supervisor's Report for Applicants seeking First Time Accreditation

## NOTICE TO SUPERVISOR:

You are advised to read the 'Accreditation' Section on the IACP Website: in particular - First Time Accreditation / Supervisor Requirements for Pre-Accredited Members.

Supervision of post-training counselling/psychotherapy work must not be undertaken with a supervisor who was either the student's personal therapist during training, or who had any involvement with the course, college, institute, or organisation during the student's training. (Please refer to the supervision requirements for Pre-Accredited Members on the IACP website.)

***The Supervisor supervising the applicant for the 12 months immediately preceding their application is required to read the applicant's completed application form.***

Please note: If the Applicant has changed supervisor during the pre-accreditation period they will need a Supervisor's Report from each Supervisor. The applicant must be with the same Supervisor for a minimum of 12 months prior to submitting their application for accreditation.

Please return this completed form to:

The Accreditation Department, IACP, First Floor, Marina House, 11-13 Clarence Street, Dun Laoghaire, Co. Dublin or scan and email to [accreditation@iacp.ie](mailto:accreditation@iacp.ie).

## 1. APPLICANT'S PERSONAL DETAILS

Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership Number: \_\_\_\_\_

## 2. SUPERVISOR'S PERSONAL DETAILS

The Supervisor must fulfil the requirements of IACP for supervision of IACP 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: \_\_\_\_\_

Qualification/s: Counselling / Psychotherapy \_\_\_\_\_

Qualification/s: Supervision \_\_\_\_\_

Experience in supervision of counselling / psychotherapy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main area of your work: \_\_\_\_\_

Professional Membership/s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2 (i). 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 Supervisor Accreditation: \_\_\_\_\_

Date and period of current supervisor accreditation:

From (month and year): \_\_\_\_\_ To (month and year): \_\_\_\_\_

**2 (ii). How long have you been supervising the applicant?**

(It is essential that the current supervisor has been supervising the applicant for a minimum of 12 months prior to writing this report)

**Individually**

From (dd/mm/yy): \_\_\_\_\_ To (dd/mm/yy): \_\_\_\_\_

**In a Group**

From (dd/mm/yy): \_\_\_\_\_ To (dd/mm/yy): \_\_\_\_\_

a. How often do you meet the applicant for individual supervision?

**Individually**

Frequency: \_\_\_\_\_ Length of Session: \_\_\_\_\_

b. 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.

**Group**

Frequency: \_\_\_\_\_ Length of Session: \_\_\_\_\_

c. How many members are in the group? \_\_\_\_\_ How many group supervision meetings are held per year? \_\_\_\_\_

d. Does the applicant present his / her work regularly? \_\_\_\_\_

**3. Has the applicant completed the required 450 post course counselling / psychotherapy hours? Yes / No**

a. Total of client hours (excluding mandatory 100/120 student hours) completed under your supervision: \_\_\_\_\_

b. Total supervision hours completed under your contract: \_\_\_\_\_

4. What is the method / model of your supervision? (e.g. case notes / review of sessions / counselling / psychotherapy in presence of Supervisor / use of video tape recordings etc.)

\_\_\_\_\_  
\_\_\_\_\_

5. Do you consider that the applicant has received sufficient training and experience for accreditation as a Counsellor/ Psychotherapist?

\_\_\_\_\_  
\_\_\_\_\_

6. What part of the applicant's training, skills and competencies do you consider most relevant to their work?

---

---

---

7. Do you consider that the applicant has sufficient self-awareness and discipline to be an able and responsible counsellor/ psychotherapist?

---

---

8. Do you consider that in practice the applicant is a competent Counsellor / Psychotherapist?

---

---

---

9. What do you consider makes the applicant a competent Counsellor/Psychotherapist?

---

---

---

---

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

---

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

---

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

---

---

13. Any other comments?

---

---

---

SIGNATURE OF SUPERVISOR:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

DECLARATION BY **CURRENT** SUPERVISOR:

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_