

Criteria for Application for NAPCP Accredited Supervisor

- 1. Completion of a recognised course in Counselling/Psychotherapy
- 2. Accredited counsellor/psychotherapist with a recognised accreditation body
- 3. Worked as a supervised counsellor/psychotherapist for five years post accreditation
- 4. Currently, and have been for the last 3 years, in continuous supervised practice as a counsellor/ psychotherapist
- 5. Successfully completed a 100 hours recognised course in supervision
- 6. As required during training, completed 50 hours of supervised supervision work. First time accredited supervisees must have a ratio of 5:1 of supervision work
- 7. Agree to work within the NAPCP Code of Ethics
- 8. Written a short essay (1,000 words) on your philosophy of supervision



Application for Supervisor Accreditation

1.	PERSONAL DETAILS	
Nam	e	Membership No
Addr	ess	
Phor	ne	Email
Web	site	-
Date	of First accreditation appro	oval by NAPCP
		tation from any other body? Please give details
		ganisation/association been refused or withdrawn?
	Yes	No
2.	Acceptance of Code of	Ethics
I hav	ve read the Code of Ethics of	of the NAPCP and agree to abide by it.
Signa	ature	Date

3. Qualifications of Supervision Course



Name of Course and Training Body
(Please include course leaflet with your application)
Commencement DateCompletion Date
Course Theoretical Content
Tutor Contact Hours
Method of assessment of supervisory course, i.e. essays, tapes, on-going
Assessment
Number of hours supervision of supervisees during training
Names and Qualifications of Faculty Members
Qualification received(please submit photocopy with your application)

4. Experience of supervision practice



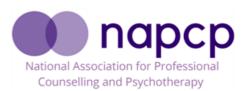
How long have you been supervising?	
Type of supervision: One-to-One	Group:
How many supervisees do you have?	
Individual:	
In Group:	
Number of supervisory Hours	
Does your insurance cover against professional ing both your supervision and client work?	
Please quote the Policy Number and Name of In	surer
5. Please attach essay re philosophy of	
Signature [Date



Supervisor's Report for accreditation as an NAPCP Supervisor

This report must be completed by the applicant's current supervisor of their supervision work, who must also be a practicing counsellor/psychotherapist. This report must accompany the applicant's request for Accredited Supervisor with the NAPCP

Supervisor's NameAddress				
PhoneEmail				
Qualifications				
Supervisor Accreditation Yes No				
Professional body				
Number of years counselling				
Number of years supervising				
Supervision Course done				
Applicant's Name				
1. I have been supervising this supervisee from to				
Individually from to				
Group from to				
Frequency of sessions: Weekly two weekly monthly				
2. Method of supervision: Review of case notes/oral reports/tapes/videos				
3. Is the supervisor sufficiently qualified and experienced for accreditation as sor with NAPCP? Yes No	s a supervi-			



If no, please give reasons why		
4. In your opinion does the applicant have the competence, insight and discipline to practise as a professional supervisor? Yes No		
If no, please give reasons why		
5. Indicate what you feel makes this applicant a competent supervisor		
6. Do you know of any reason why this applicant should not be accepted as an accredited supervisor by NAPCP? Yes No		
If no, please give reasons why		
7. Any other comments regarding your supervisee's application:		
I confirm that I have read the supervisee's application form, which, to the best of my knowledge, is correct.		
8. Signature of Supervisor Date		