Application for Renewal of Supervisor Accreditation

Name _____ **Date** _____

Address _____

Telephone _____ **Email** _____

Current NAPCP Certificate of Supervisor Accreditation expires on _____

I wish to state that:

a) I have paid my annual fees in full each year.

b) I uphold, support and conform to the articles of the Constitution and to the Code of Ethics of NAPCP.

c) My supervisor has verified that I have completed/attended in-service development, training, workshops and/or conferences over the past five years.

d) I enclose Supervisor's Report.

e) I maintain an active current practice in Counselling/Psychotherapy and Clinical Supervision.

Insurance

Does your insurance cover against professional indemnity and public liability risks, including both your supervision and client work? _____

Name of Insurer and Policy Number _____

Signature _____ Date_____

Supervisor's Report

This report must accompany the applicant's request for renewal of accreditation as a Supervisor with the National Association for Professional Counselling and Psychotherapy.

Supervisor's Name _____

Address _____

_____

Telephone _____ **Email** _____

Qualifications _____

Supervisor Accreditation   Yes ☐   No ☐

Professional body _____

Number of years counselling _____

Number of years supervising _____

Supervision Course done _____

_____

Supervisee's Name _____

I have been supervising this client from: _____to _____

Individually from _____to _____

Group from _____ to _____

Frequency of sessions: Weekly _____two-weekly _____ monthly _____

1. **Method of supervision: Review of case notes/ oral reports/ tapes/ videos**

_____

2. **In your opinion, does the applicant have the competence, insight and discipline to practise as a professional supervisor?**

_____

3. **Indicate what you feel makes this applicant a competent supervisor**

_____

4. **Do you know of any reason why this applicant should not be accepted for re- accreditation as a supervisor by NAPCP? _____**

5. **Have you verified that the applicant has completed/attended in-service development, training, workshops and/or conferences over the past five years? _____**

6. **Comments: _____**

   _____

I confirm that I have read the supervisee's application form, which, to the best of my knowledge, is correct.

Signature of Supervisor _____ Date _____