

**Merchamp House**  
**Vernon Avenue, Clontarf, Dublin 3.**  
**Telephone / Voicemail: 01 8040137**  
**Mobile: 087 243 3737**  
**www.napcp.ie**  
**Email: info@napcp.ie**



National Association for  
Pastoral Counselling and Psychotherapy

## ***Application for 5-year Renewal of Supervisor Accreditation***

Dear Colleague,

In accordance with Clause XI of the NAPCP Code of Ethics, members are required to apply for renewal of Accreditation of the Association as a Supervisor every five years.

Clause X states: compliance with the following conditions is necessary for those who wish to retain Membership of the Association:

- a) Fees must be paid in full in January of each year.
- b) Members must uphold, support and conform to the articles of this Constitution and to the Code of Ethics of NAPCP
- c) Members are required to attend in-service development, training, workshops and/or conferences on a regular basis.
- d) Members must have regular supervision and may be asked by the supervisor to discontinue professional practice when it is deemed necessary for the member to do so in the interest of the member's client or clients, or in the interest of the member him/herself.

As your five-year renewal of Accreditation as a Supervisor becomes due shortly, this is a reminder of requirements for renewal.

The fee for renewal of Accreditation is €100.00. Evidence of CPD (Continuous Professional Development) i.e. training and attendance at workshops is required.

The Secretary, NAPCP, Merchamp House, Vernon Ave, Clontarf, Dublin. 3.

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As my five-year NAPCP Certificate of Accreditation as a Supervisor

expires on \_\_\_\_\_

I wish to apply for renewal of Accredited Membership of the NAPCP for the next five years.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I wish to state that I have:

- a) Paid my annual fees in full in January of each year
- b) I uphold, support and conform to the articles of the Constitution and to the Code of Ethics of NAPCP.
- c) I enclose copies of in-service development, training, workshops and/or conferences which I have attended over the past five years.
- d) I enclose Supervisor's Report
- e) I enclose fee €100.00

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

Please quote the Policy Number and Name of Insurer

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**NAPCP**

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## **Supervisor's Report**

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

Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Qualifications \_\_\_\_\_

Professional Membership of other organisations \_\_\_\_\_

Number of years counselling \_\_\_\_\_

Number of years supervising \_\_\_\_\_

Supervision Course done \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I have been supervising this client from: \_\_\_\_\_ to \_\_\_\_\_

Individually from \_\_\_\_\_ to \_\_\_\_\_

Group from \_\_\_\_\_ to \_\_\_\_\_

Frequency of sessions Weekly \_\_\_\_\_ two-weekly \_\_\_\_\_ monthly \_\_\_\_\_

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

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

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

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4. Do you know of any reason why this applicant should not be accepted for re- accreditation as a supervisor by N. A. P. C. P.? \_\_\_\_\_

5. Comments: \_\_\_\_\_

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

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_