

**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

## **Criteria for Application for NAPCP Accredited Supervisor**

1. Have completed a recognised course in Counselling/Psychotherapy
2. Be an accredited counsellor/psychotherapist with a recognised accreditation body
3. Have worked as a supervised counsellor/psychotherapist for five years post accreditation
4. Are currently, and have been for the last 3 years in continuous supervised practice as a counsellor/ psychotherapist
5. Have successfully completed a 100 hours recognised course in supervision
6. As required during training, have 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. Write a short essay (1,000 words) on your philosophy of supervision
9. Pay the processing fee for application to become a supervisor (€120.00)
10. Have paid the annual membership fee (€170.00)

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## ***Application for Supervisor Accreditation***

### **1. PERSONAL DETAILS**

Name \_\_\_\_\_ Membership No \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Date of First accreditation approval by NAPCP \_\_\_\_\_

Have you a supervisors accreditation from any other body? Please give details

\_\_\_\_\_

Has your membership of any organisation/association been refused or withdrawn?

Yes  No

If 'Yes', please give reasons \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **2. Acceptance of Code of Ethics**

I have read the Code of Ethics of the NAPCP and agree to abide by it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### 3. Qualifications of Supervision Course

Name of Course and Training Body \_\_\_\_\_

\_\_\_\_\_  
(Please include course leaflet with your application)

Commencement Date \_\_\_\_\_ Completion 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)

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#### **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 indemnity and public liability risks, including both your supervision and client work? \_\_\_\_\_

Please quote the Policy Number and Name of Insurer

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#### **5. Please attach essay re philosophy of supervision (1,000 words)**

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## ***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 Name \_\_\_\_\_

Address \_\_\_\_\_

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

Qualifications \_\_\_\_\_

Professional Membership of other organizations \_\_\_\_\_

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

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

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

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**NAPCP**

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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 a supervisor with NAPCP?      Yes       No

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

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

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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 \_\_\_\_\_

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7. Any other comments regarding your supervisee's application:

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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 \_\_\_\_\_