

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

Name _____ Membership No _____

Address _____

Phone _____ Email _____

Website _____

Date of First accreditation approval by NAPCP _____

Have you a supervisor's 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Has your membership of any organisation/association been refused or withdrawn?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 _____

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)

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

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

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 Name _____

Address _____

Phone _____ Email _____

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 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 _____

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 _____