

NAPCP
77 Lower Camden Street
Dublin
D02 XE80
Phone: 087 243 3737
Email: info@napcp.ie www.napcp.ie



National Association for Professional
Counselling and Psychotherapy

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
9. Paid the processing fee for application to become a supervisor (€120.00)
10. Paid the annual membership fee (€170.00)

NAPCP
77 Lower Camden Street
Dublin
D02 XE80
Phone: 087 243 3737
Email: info@napcp.ie www.napcp.ie



National Association for Professional
Counselling and Psychotherapy

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Has your membership of any organisation/association been refused or withdrawn?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

NAPCP
77 Lower Camden Street
Dublin
D02 XE80
Phone: 087 243 3737
Email: info@napcp.ie www.napcp.ie



National Association for Professional
Counselling and Psychotherapy

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)

NAPCP
77 Lower Camden Street
Dublin
D02 XE80
Phone: 087 243 3737
Email: info@napcp.ie www.napcp.ie



National Association for Professional
Counselling and Psychotherapy

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 _____

NAPCP
77 Lower Camden Street
Dublin
D02 XE80
Phone: 087 243 3737
Email: info@napcp.ie www.napcp.ie



National Association for Professional
Counselling and Psychotherapy

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 _____

Supervisor Accreditation Yes No

Professional body _____

Number of years counselling _____

Number of years supervising _____

Supervision Course done _____

NAPCP
77 Lower Camden Street
Dublin
D02 XE80
Phone: 087 243 3737
Email: info@napcp.ie www.napcp.ie



National Association for Professional
Counselling and Psychotherapy

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 _____

NAPCP
77 Lower Camden Street
Dublin
D02 XE80
Phone: 087 243 3737
Email: info@napcp.ie www.napcp.ie



National Association for Professional
Counselling and Psychotherapy

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 _____