

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 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.

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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:

- 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 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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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 _____

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

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 _____