

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 Renewal of Supervisor Accreditation

Name _____ **Date** _____

Address _____

Telephone _____ **Email** _____

Current NAPCP Certificate of Supervisor Accreditation expires on _____

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 maintain an active current practice in Counselling/Psychotherapy and Clinical Supervision.
- f) I enclose fee €100.00

Insurance

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

Name of Insurer and Policy Number _____

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

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 _____

Supervisee's Name _____

I have been supervising this client from: _____ **to** _____

Individually from _____ **to** _____

Group from _____ **to** _____

Frequency of sessions: Weekly _____ two-weekly _____ monthly _____

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

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

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 _____