



Irish Association for Counselling and Psychotherapy

Supervisor Accreditation Application Form

NOTICE TO APPLICANTS: Please use CAPITAL LETTERS throughout your application. If insufficient space is provided on this form, you may attach extra pages, numbering each additional answer.

You are advised to read the 'Supervision' section on the IACP Website in particular - How do I become an Accredited Supervisor / Supervision for Accredited Members and the IACP "Code of Ethics and Practice for Supervisors of Counsellors & Psychotherapists" before completing this form (www.iacp.ie).

Please return this completed form, together with relevant certificates, evidence of professional indemnity, and a course prospectus, to: Accreditation Department, IACP, First Floor, Marina House, 11-13, Clarence Street, Dun Laoghaire, Co. Dublin.

All applications are processed strictly in order of receipt.

1. PERSONAL DETAILS

Gender: M / F Date of Birth (dd/mm/yy): _____

Surname: _____ Title: _____ Membership No: _____

Forename: _____ Employer / Occupation: _____

Address: _____

Work Address: _____

Phone: _____ (Home) _____ (Mobile) _____

Email: _____ Work Phone No: _____

Date when first accredited as a Counsellor / Psychotherapist by IACP (minimum 5 years): _____

Sample

2. CORE COURSE

SUPERVISION CORE TRAINING COURSE
(Evidence of successful completion of core course must be submitted with application)

2.1 Course Provider: _____

Name of Course: _____

Address / Location: _____

Start Date: _____ End Date: _____

IF CORE COURSE IS IACP-ACCREDITED, PLEASE GO DIRECTLY TO SECTION 3

2.2 Core supervision model (e.g. Hawkins & Shohet Model, Holloway Systems Model): _____

Other models / theories studied (e.g. Developmental models): _____

2.3 Entry Requirements
(e.g. Interview / previous qualifications) _____

2.4 Total staff / student contact hours
(e. g. hours per week / weekend) _____

2.5 Total supervision practice hours

Internal (while on course): _____ External: _____

Of these how many were: Individual _____ Group _____

2.6 Assessment & evaluation process
(e.g. exams, written assignments)

Sample

Name & qualifications of External Examiner

2.7 Course Core Staff
Number of Core staff: _____

Name & Qualifications of Core Staff:

2.8 Professional Accreditation of core staff:
(One member of the core staff must be an Accredited Member of IACP for a minimum of 5 years)

3. SUPERVISION OF YOUR SUPERVISION PRACTICE HOURS WHILE ON THE SUPERVISION TRAINING COURSE

3.1 External Supervisor's Details

Name: _____

Address: _____

Qualifications: _____

3.2 Please specify the total number of supervision practice hours completed during the course

Individual: _____ Group: _____

Was a written report from your external supervisor an integral part of the course assessment? Yes / No

3.3 Any other current Supervision?

(Please note that you are required to submit a report from your external Supervisor(s) during training with this application).

Sample

4. PROFESSIONAL LIABILITY INSURANCE

Name of Insurance Company:

Policy Number: _____

Expiry Date: _____

5. ACCEPTANCE OF THE CODE OF ETHICS AND PRACTICE FOR SUPERVISORS OF COUNSELLORS AND PSYCHOTHERAPISTS:

I have read the IACP Code of Ethics and Practice for Supervisors and I agree to abide by it.

Signed: _____ Date: _____

Documents will be destroyed after an appropriate period of time as per the IACP Retention policy. Do not send any original documents unless specifically requested.
Keep a copy of any application forms/correspondence you send to IACP for your own records.