



Irish Association for Counselling and Psychotherapy

# Supervisor's Report for IACP Annual Re-Accreditation

1. PERSONAL DETAILS OF THE APPLICANT

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Membership No: \_\_\_\_\_

2. SUPERVISOR'S REPORT

**To be completed by your Supervisor, if you have more than one supervisor please photocopy this page as necessary.**

Name of Supervisor: \_\_\_\_\_

Supervisor Accrediting Body & Membership Number: \_\_\_\_\_

Date and period of current Supervisor Accreditation: from (dd/mm/yy): \_\_\_\_\_ to (dd/mm/yy): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Start of Supervision contract (dd/mm/yy): \_\_\_\_\_ End of Supervision contract (dd/mm/yy) or Current: \_\_\_\_\_

Number of hours of supervision with applicant in the last 12 months: Individual: \_\_\_\_\_ Group: \_\_\_\_\_ Peer (Supervision): \_\_\_\_\_

Frequency of Supervision: Fortnightly  Monthly  Other \_\_\_\_\_

Length of group supervision sessions: \_\_\_\_\_ Number of supervisees in group: \_\_\_\_\_

Total number of client hours declared by the Supervisee completed within their re-accreditation year: \_\_\_\_\_

Does this supervisee occupy other significant roles in your life?  Yes  No

If Yes please explain: \_\_\_\_\_

I recommend the renewal of the applicants IACP Accreditation:  Yes  No

If No please state reason: \_\_\_\_\_

Additional comments: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

3. CPD REQUIREMENTS

I confirm that I have seen and signed off my supervisee's Annual CPD Log and supervisee has completed the required 30 hours of CPD activities that relate to counselling /psychotherapy (10 hours directly related to supervision for Supervisor Members).

I am satisfied that the activities have contributed to the professional development of the applicant.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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