

Supervisor's Report Form

Applicant's Personal Details

Name:

Address:

Supervisor's Details

The Supervisor must fulfil ACAP requirements and training for Supervision.

Name:

Address:

Phone Number:

Qualifications in Psychotherapy:

Qualifications and Accreditation in Supervision:

Experience in Supervision of Psychotherapy:

Professional Memberships:

How long have you been supervising the Applicant:

Individual:

From (dd/mm/yy)

To (dd/mm/yy)

Group:

From (dd/mm/yy)

To (dd/mm/yy)

How often do you meet the applicant for Supervision:

Frequency

Length of Sessions

How often do you meet the applicant for group supervision

Frequency

Length of Sessions

How many members in the group

Does the applicant present his/her work regularly in the group

What is the current method/model of Supervision? E.g. Case Notes, review of sessions, images

Do you consider that the applicant has received knowledge and experience for Pre-Accreditation as a Psychotherapist?

Please describe the applicant's ability to work in a psychotherapeutic way and what skills and competencies are most relevant to their work?

In your experience, please answer the following:

The applicant's ability to engage in the process of Supervision

The applicant's openness to feedback:

The applicant's ability to express doubts, difficulties and concerns:

The applicant's development of their own Internal Supervisor:

The applicant's ability to integrate all aspects of the therapeutic work, including theory and skills:

Ethical Issues:

Does the applicant understand and have good knowledge of the Code of Ethics and Guidelines?

Does the applicant have an ability and understanding of practice issues?

Is the applicant competent and confident in carrying out assessments and determining when it might be necessary to refer clients on?

Does the applicant have the ability to critically evaluate and review their clinical work?

Self Development:

In your experience can you describe the following:

The applicant's Self-Awareness and Self-Knowledge:

The applicant's development of autonomy and competence:

The applicant's ability to be fully present in the therapeutic relationship while retaining a sense of self?

The applicant's ability to hold clients when there are high levels of stress:

Attunement to themselves and the ability to deal with blocks and blind spots:

Awareness of self-care, stress management, balanced workload and possible burn-out:

Do you believe that the applicant is committed to ongoing professional and personal development?

Are you recommending the applicant for Pre-Accreditation?

Any other comments?

Signature of Supervisor: _____

Date: _____