

The Association of Counsellors and Psychotherapists, Ireland

2015 Supervisor Application Form



Association of Professional
Counsellors & Psychotherapists
in Ireland

Application form for Accredited Membership as a Supervisor of APCP

General Information

Membership of APCP

APCP is a professional association for dedicated professional Counsellors and Psychotherapists in Ireland and is committed to the on-going development and improvement of the standards of practice of its members and of the fields of counselling and psychotherapy.

It also works collaboratively with other relevant agencies and bodies in collegial respect to advance the rights of individual clients and wider society and the advancement of best practice.

It supports Counsellors and Psychotherapists in their professional practice through its series of continuous professional development programmes, its code of ethics and its commitment to ensuring compliance with these standards by its members in their service to the public.

Individuals are invited to join APCP as they progress in their career in the fields of counselling and/or psychotherapy as:

1. Student Members.
2. Pre-accredited Members (either Counselling or Psychotherapy).
3. Accredited Members (either Counselling or Psychotherapy).
4. Clinical Supervisors.

This **application form** is solely for those seeking membership at a **Supervisory level** as a recognised **Supervisor** of APCP.

Applications must be typed and posted to APCP, as you must sign the application form and enclose all necessary documents as noted in **section 6** in support of this application. You must also ensure references required to support your application are forwarded in advance of these meetings.

Please note it is the policy of APCP to interview potential candidates, where clarity is sought regarding their application for membership.

APCP's accreditation committee meets on a quarterly basis. It is your responsibility to ensure that all information requested is complete prior to the application being considered by them.

APCP Criteria for Accreditation as a Supervisor

Applicants applying for supervisory membership must first be recognised as an accredited member of APCP. Where an applicant wishes to apply for both simultaneously, they may do so but will be required to complete each application separately.

In order to be eligible for Supervisor, the applicant must ensure the following with regard to criteria for membership:

1. Qualifications/Membership of an accrediting body

- Be qualified in the field of counselling and/or psychotherapy to a minimum of Level 8 in the case of Counselling and Level 9 in the case of Psychotherapy.
- Be accredited as a Counsellor / Psychotherapist for at least **three** years either with APCP or another recognised Professional Association. *(Where the applicant has been a member of an association other than APCP, they must supply evidence to prove they have been and are currently engaged in clinical practice for a minimum of three years prior to this application).*

2. Experience

i) Hours of practice

Applicants must have:

- Engaged in a minimum of 1200 clinical practice hours of post accreditation work in the fields of counselling or psychotherapy.
- Undertaken a minimum of 150 hours of supervised counsellor/psychotherapist practice post-accreditation.
- A minimum 60 hours **supervisory practice** undertaken over a two year period.

ii) Supervisory practice

Applicants must:

- Be participating in regular Clinical Supervision from an Accredited Supervisor who is qualified to a minimum of Level 8 in the case of Counsellor Supervisors and Level 9 in the case of Psychotherapy Supervisors with regard one's -on-going Clinical practice with Clients.
- Be currently supervising no fewer than **two** individual supervisees
- Have appropriate Supervision and Support for Supervisory Practice.

iii) On-going Personal Development/Continuous Professional Development

Applicants must:

- Be able to demonstrate engagement with relevant professional development activities to support counseling/psychotherapy as well as supervisory work within the previous twelve months.

iv) Reports/Evidence to support application

- A comprehensive Supervisor's Report attesting to the
 - i) quality and quantity of the applicant's supervisory work, AND
 - ii) confirming that the applicant maintains a counselling/psychotherapy practice.
(see section 7.1 of this application form and logs for supervision which can be downloaded at apcp.ie or email infor@apcp.ie.)
- Evidence that the applicant currently has appropriate insurance cover for both the counselling/psychotherapy and supervision work.
- Evidence of capabilities and understanding of Supervision. This will be demonstrated through
 - The submission of certificates verifying the successful completion of a recognised qualification in the area of Supervision (to a minimum of Level 8 or equivalent on the NFAQ)

OR

- Supervisors (with no qualification in supervision) are requested to write and submit a reflective journal for assessment purposes. A fee of €300 will be charged for this assessment. (See Section 4.3)

3. Evidence of Supervisors Credentials

In applying to become an accredited supervisor of APCP, you are required to ensure that the person responsible for supervising your practice at this level is themselves fully qualified to practice. In the event that your appointed Supervisor is not accredited by APCP, they are asked to provide a signed copy/copies of their qualifications in the field of Counselling/Psychotherapy, and a copy of their current certificate of registration with their respective Counselling/Psychotherapy Association. (see section 5 & 7 for further details)

4. **€40 cheque/postal order** (unless you are presenting a reflective journal) made payment to APCP as an application processing fee. This fee is solely to cover costs of processing/screening your application. It does not infer acceptance of membership. Please see www.apcp.ie for more details

Section One

Membership Status

Note this section is to be filled in by ALL applicants.

1.1. If you are a current member of APCP, please provide membership number and indicate, by ticking the appropriate box your current membership status.

APCP member number _____

Current Membership status

- 1. Accredited counsellor _____
- 2. Accredited psychotherapist _____
- 3. No of years accredited _____

OR

1.2 If you are a member of another Accrediting Body, please fill provide details of same.

Name of Organisation _____

Membership No. _____

Accreditation Status _____

(i.e. Accredited Supervisor,
Accredited Psychotherapist, Accredited Counsellor)

No of Years as an accredited member _____

Section Two

Note: Section Two must be completed by all applicants.

2.1 Your Personal Details

First Name _____

Surname _____

Date of Birth (d/m/y) _____

Are there any other names that you are currently known by? _____

Any former/Maiden names _____

Contact Details

Daytime Tel _____ Mobile _____

Email Address _____

Home Address _____

Website _____

Section Two (cont)

2.2 Your Personal History and engagement in Professional Practice

Information given below will not necessarily exclude you from APCP membership.

Should you answer YES to any of the questions below, please use a separate sheet if necessary.

- 1 Do you currently have or have you ever been a member of any other professional counselling/psychology body?**

Yes _____ No _____

If your answer is Yes, please state which body and provide reasons for why you wish to join APCP as a member.

- 2 Do you have any criminal or civil convictions (spent or unspent) or proceedings pending against you?**

Yes _____ No _____

If your answer is Yes, please give details, on a separate sheet.

- 3 Do you have any professional complaint or disciplinary proceeding brought against you which was successful or is currently pending?**

Yes _____ No _____

If Yes, please give details.

- 4 Have you ever been or are you currently barred from working with young people?**

Yes _____ No _____

If Yes please provide details on a separate sheet.

Section Two (cont)

2.3 Insurance

Please provide the name and contact details of your (or your organisations) insurance provider/broker

(Your insurance policy must provide cover for all your work as a supervisor)

Name _____

Address _____

Telephone No _____

Provider of Insurance Cover _____

Type of Insurance Cover _____

Amount of cover _____

(Please provide a copy of your current valid insurance certificate.)

Section Three

Training qualifications. *Note: Section 3 must be filled by applicants and a verified transcript of training from the relevant third level college attached.*

Note: Where any applicant is already an ACP accredited counsellor and/or psychotherapist transcripts are not required **except** where additional third level awards have been obtained since accreditation.

3.1 Third level Qualifications in Counselling/Psychotherapy

Course Title		
Name of Third Level Institute		
Dates of Training	From	To
Date of successful completion		
Level, and grade		
Full -time or Part- time		
Please indicate if the training programme focused on a specific modality, e.g. CBT, Gestalt etc.		

Third level Qualifications in Counselling/Psychotherapy (contd./.)

Course Title		
Name of Third Level Institute		
Dates of Training	From	To
Date of successful completion		
Level, and grade		
Full -time or Part- time		
Please indicate if the training programme focused on a specific modality, e.g. CBT, Gestalt etc.		

3.2 Other third level qualifications

Course Title		
Name of Third Level Institute		
Dates of Training	From	To
Date of successful completion		
Level, and grade		
Full -time or Part- time		

3.3 Qualification in Supervisory Practice

Course Title		
Name of Third Level Institute		
Dates of Training	From	To
Date of successful completion		
Level, and grade		
Full -time or Part- time		

3.4 Evidence of Training

Note: Your qualifications must be recognised within the National Framework of Qualifications for consideration. If your qualification in supervisory practice is not recognised with this framework, you will be required to provide a reflective journal as noted in section four of this application.

I have attached relevant transcripts of all third level training, noted above in this section.

(please tick) Yes ___ No ___

Section Four

Information regarding Post Accreditation Practice

4.1 Summary Record of Clinical Practice Post Accreditation

Note: applicants seeking to be recognised as accredited supervisors must have engaged in a minimum of 1200 hours clinical practice POST accreditation work in the fields of counselling or psychotherapy AND have engaged in a minimum of 150 HOURS of supervision with regard this clinical practice.

In the two tables below, you are required to provide a summary of i) clinical practice post accreditation and ii) a record of supervisory practice. These summaries should tally with the details you record in the 'logs for supervisors' which you are required to complete and forward with this application. The log can be downloaded at apcp.ie or emailed on request at info@apcp.ie.

Type of Interventions in Clinical Practice POST Accreditation

Nature of Client base	Total no of hours	Name of supervisor/s	No. of hours in supervision
One to one work with clients			
Systemic/Family Work			
Couples Work			
Therapeutic group work			
Other			
Total No of Hours in clinical practice		Total number of hours in supervision	

4.2 Summary record of Supervisory practice

Please fill in the following regarding your supervisory experience

Start date (e.g. month and year)	
Number of supervisee you have worked with during this period No of supervisees you currently work with	
Name of supervisor/s who supports you in your supervisory practice	
No of hours you have engaged in supervisory practice.	

4.3 Reflective Journal

Please Note: A reflective journal **must be completed by applicants who do not have a HETAC, Level 8 or above qualification in Supervisory Practice.** The work will be reviewed by an assessor appointed by APCP and will cost €300 to the applicant. This money is not redeemable in the event that the applicants' reflective journal does not meet the standard required.

In the reflective journal you are asked to: -

(A) Provide a concise overview and description of your underpinning worldview value based on your clinical therapeutic work practice. **(Circa 1000 words)**

(B) Drawing upon case exemplars from your clinical supervision practice, provide a critical discussion on aspects of your clinical supervisory work practice, to include the following aspects; **(Max 5000 words)**

- (a) supervisee-supervisor working alliance.
- (b) process management e.g. supervisory contracting, feedback, reporting.
- (c) your underpinning theoretical modalities of supervision and their application in your clinical supervision work.
- (d) How you engage with the key core functions of supervision, i.e. support, educate, manage.
- (e) Aspects of supporting supervisees in developing awareness around an ethical dilemma and the interaction professionally with these.
- (f) Your approach in working with and facilitating supervisees developmental needs.
- (g) Your approach in assessing, monitoring, and addressing competence and fitness-to-practice issues in your supervisory practice.

Section Five

References

When seeking membership as an accredited Supervisor you must provide **two** references i.e.

1. Reference from your current supervisor.
2. A professional reference

Your referees are required to fill out the relevant forms in **section 7** of this application form and forward as required to support your application

In both instances references should not be provided by a spouse, partner or relative

5.1 Supervisors Reference

Please provide details below with regard your current supervisor supervising your supervisory practice.

Supervisor Name _____

Profession & Job Title _____

Supervisory Qualifications _____

Counselling/Psychotherapy Body _____

Work Contact Number _____

5.2 Professional Reference

An up to date professional reference is required from a person who is able to vouch for you and your suitability as an ACPG supervisor in the field of counselling and/or psychotherapy. Ideally this is someone who knows you in a **work situation**.

Referees Name _____

Profession & Job Title _____

Work Contact Number _____

Please ensure that both your supervisor's reference and professional reference are forwarded to ACPG directly by your nominated referees.

Section Six

Applicant's declaration and signature

Note: This section must be filled in and signed by all applicants.

(Please tick that you have read and agree with each of the following statements)

_____ I have read and agree to abide by APCP's Code of Ethics and Practice for Counsellors and Psychotherapists

_____ I understand and agree, as a member of APCP to comply with current Garda Vetting procedures.

_____ I accept that as a member of APCP, I must undergo Garda vetting **every 3 years** and in the event and for any reason, criminal proceedings are taken against me, **after** Garda vetting has been completed, I will personally bring this to the attention of APCP.

_____ I confirm that all information provided in this form is true and accurate to the best of my belief.

_____ I understand that by forwarding an application to APCP for membership does not constitute acceptance as a member.

_____ I understand and accept that APCP may wish to share information about me with other regulatory bodies for the purpose of regulation and in the interest of the public.

_____ I accept that APCP has the right to make direct contact with my referees in processing this application.

Applicants signature _____ **Date:** _____

Section Seven

References

7.1 Supervisors Reference

For Applicant seeking accreditation as ACP Supervisors

Please Note: In writing up this report you are advised to consider the eligibility of the applicant in the context of ACP's criteria for accreditation as a Supervisor, noted in '*Information – ACP Criteria - at a supervisory level*'. This information is contained in the ACP Supervisor application form or, alternatively at www.apcp.ie.

As Supervisor, you are required to read the applicants completed application form and verify in so far as is possible, that all information entered by the applicant, including hours related to clinical practice and to supervision is correct. **(see applicants log for supervisory practice)**

You are also requested to check and to sign any copies of transcripts forwarded by the applicant, having seen the original copy or, in the event that a reflective journal is forwarded for application purposes, you are required to read and to vouch that experiences noted in the journal are reflected in work undertaken in supervisory practice.

Supervisory References should not be provided by a spouse, partner or relative

7.1.1 Applicants Personal Details

Name _____

Business/home address _____

Telephone No _____

Email Address _____

7.1.2. Personal Details of you, the Supervisor

Name _____

Business/home address _____

Telephone No _____

Email Address _____

Details regarding Supervisors Accrediting Association

APCP Members Only		
APCP Membership Number		
APCP Accredited Supervisor (please tick as appropriate)	Yes	No
Date of Supervisor Accreditation		
Date & period of current supervisor accreditation	From	To
Non APCP members		
Name & address of Association with whom you are accredited		
Membership number		
Date of supervisor Accreditation.		
Date & period of current supervisor accreditation	From	To

Supervisors Qualifications in Counselling/Psychotherapy

Course Title		
Dates of Training	From	To
Date of successful completion		
Qualification, diploma, Degree, Masters (please state)		
Hetac (please tick the relevant box)	Yes	No
Modality e.g. CBT, Gestalt, Integrative, etc		

Course Title		
Dates of Training	From	To
Date of successful completion		
Qualification, diploma, Degree, Masters (please state)		
Hetac (please tick the relevant box)	Yes	No
Modality e.g. CBT, Gestalt, Integrative, etc		

Supervisors Qualifications in Supervision

Course Title		
Dates of Training	From	To
Date of successful completion		
Qualification, diploma, Degree, Masters (please state)		
Hetac (please tick the relevant box)	Yes	No
Modality e.g. CBT, Gestalt, Integrative, etc		

7.1.4 Supervisor declaration

With regard _____ application I wish to confirm the following

	Yes	No	N/A
	<i>(Please tick as appropriate)</i>		
I have read and understand the requirements of membership of APCP at a supervisory level and recommend the applicant noted above as a suitable candidate			
I confirm that I have read and signed information required relating to clinical practice undertaken as noted in appendix 1 & 2. These are accurate and complete to the best of my knowledge and belief.			
I confirm I have read the applicants reflective journal and believe it is an accurate reflection of the applicants personal work as a trainee supervisee			
I confirm that I have seen the original educational certificates forwarded to support this application and have signed a copy of same to verify this.			

Signed _____ Date _____

Please forward to:

Association of Professional Counsellors & Psychotherapists in Ireland, InnovationWorks, National Technology Park, Co. Limerick.

7.2 Professional Reference

For Applicants seeking accreditation as APCP Supervisors -

Please Note: In writing up this reference you are advised to consider the eligibility of the applicant in the context of APCP's criteria for accreditation as a Supervisor, noted in 'Information – APCP Criteria - at a supervisory level'. This can be found on page 2 & 3 of the Supervisors Application Form, or alternatively at www.apcp.ie.

Please note: Professional references should not be provided by a spouse, partner or relative.

In providing a professional reference for the applicant, you are asked to vouch for their character, work practices and suitability to work as a Supervisor in the field of counselling/psychotherapy. In this regard it is expected that you have known the applicant for a minimum of two years, preferably in a professional capacity.

7.2.1 Personal Details on Applicant

Applicants Name	
Business/home address	
Telephone No	
Email Address	

7.2.2 Your Personal Details

Your name as a professional referee	
Business/home address	
Telephone No	
Email Address	

7.2.3 Your Recommendation (Please answer the following questions)

1. In what capacity do you know the applicant?

2. How long have you known the applicant?

3. What do you believe are the particular strengths/ qualities this applicant brings to the field of counselling/psychotherapy at a supervisory level?

4. Do you recommend this applicant as a suitable candidate to work with both clients and with counsellors/psychotherapists.

Signed: _____

Referee

Date

Please forward to:

Association of Professional Counsellors & Psychotherapists in Ireland, InnovationWorks, National Technology Park, Limerick.

Summary of Evidence Required

<i>Application supported by a HETAC qualification in Supervision</i>	<i>Application supported via a reflective journal based on personal practice in supervision</i>
<ul style="list-style-type: none"> • A copy of an Academic award in supervisory practice • Supervisory reference. (see section 7.1) • Professional reference (see section 7.2) • Logs for supervisors To download see APCP.ie or email info@apcp.ie • Copy of insurance policy 	<ul style="list-style-type: none"> • A copy of an Academic award in supervisory practice • Supervisory reference. (see section 7.1) • Professional reference (see section 7.2) • Logs for supervisors To download see APCP.ie or email info@apcp.ie • Copy of insurance policy • Reflective journal as per section four • A cheque for €300 to cover cost of assessment.
<p>All applicants must ensure their supervisor forwards evidence of their professional and academic qualifications where they are not accredited with APCP</p>	

Please forward to:

APCP, Association of Professional Counsellors & Psychotherapists in Ireland, Park HQ, InnovationWorks, National Technology Park, Limerick.