

## 2015 APCP Psychotherapists – Clinical Practice Log

### Information

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*A record of your clinical practice must be forwarded with your application form when applying to APCP for accreditation purposes. This log has been devised to assist you with that application. You may use an alternative format if you so choose, **however** all information required as noted in this log must be supplied and signed off on by the applicant and their supervisor. It is the responsibility of the applicant to ensure all hours noted are correctly added in the summary section and correspond with information noted in **section 4** of the application form.*

**Please note the following rules apply in recording clinical hours practice for accreditation purposes as a psychotherapist**

1. Hours recognised can be counted once you have
  - Engaged in a HETAC qualification in the field of Counselling and/or Psychotherapy at level 9 or above **OR** its equivalent.
  - Are REGISTERED as a pre-accredited counsellor or psychotherapist with APCP or another counselling/psychotherapy association **OR** are working under the remit of an organisation that has insured you to undertake clinical practice.
2. Clinical practice hours accumulated during your training as a psychotherapist, at level 9 can be included towards accreditation hours.
3. One to one client work or couples work must account for a minimum of 75% of total clinical practice hours.
4. Clinical practice hours should be reviewed in individual supervision at a ratio of 1:8, while group supervision should comprise of a maximum of 4-6 people at a ratio of 1:5.

## APCP Psychotherapists – Clinical Practice Log

Name \_\_\_\_\_

Academic Details \_\_\_\_\_  
Course title

\_\_\_\_\_   
Third level Institute

\_\_\_\_\_   
Year graduated

Counselling or Psychotherapy Association/s you are/have previously been affiliated to when working towards accreditation.

\_\_\_\_\_  
Name of Professional body

From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

\_\_\_\_\_  
Name of Professional body

From \_\_\_\_\_ To \_\_\_\_\_  
month/year month/year

4. Period of clinical practice forwarded for accreditation purposes

From \_\_\_\_\_  
Day/month/year

To \_\_\_\_\_  
Day/month/Year

1. One to one client work \_\_\_\_\_ Year \_\_\_\_\_

Month	No of Hours with clients	Signed as a true statement of work undertaken – Supervisee	No of hours in Supervision		Modality of Practice	Signed as a true statement of work supervised - Supervisor
			1-2-1 supervision	Group supervision		
Jan						
Feb						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total no of hrs						

Summary of Key Issues covered  
(to be filled in by supervisee)

2. Therapeutic Group Wk \_\_\_\_\_ Year \_\_\_\_\_

Month	No of Hours u group work	Type of Group e.g. Bereavement, problematic substance use, etc...	Signed as a true statement of work – Supervisee	No of hours in Supervision	Modality	Signed as a true statement of work supervised – Supervisor
Jan						
Feb						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total no of hrs						
<b>Key issues covered during this period (to be filled in by supervisee)</b>						

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3. Systemic/Family Practice \_\_\_\_\_ Year \_\_\_\_\_

Month	No of Hours practice	Key issues covered (to be filled in by supervisee)	Signed as a true statement of work - Supervisee	No of hrs. supervision	Signed as a true statement of work - Supervisor
Jan					
Feb					
March					
April					
May					
June					
July					
Aug					
Sept					
Oct					
Nov					
Dec					
Hours			Hours		

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4. Couple/relationships \_\_\_\_\_

Year \_\_\_\_\_

Month	No of Hours practice	Key issues covered (to be filled in by supervisee)	Signed as a true statement of work - Supervisee	No of hrs. supervision	Signed as a true statement of work - Supervisor
Jan					
Feb					
March					
April					
May					
June					
July					
Aug					
Sept					
Oct					
Nov					
Dec					
Hours			Hours		

Summaries of work undertaken

**5. Clinical Practice**

Type of Counselling/Psychotherapy Interventions	Total no of hours in clinical practice	Name of supervisor/s	No. of hours in supervision	
			1-2-1 supervision	Group supervision
1. One to one work with clients				
2. Therapeutic group work				
3. Systemic/Family Practice				
4. Couple/relationship				
5. Other				

5.2

Name of all supervisor/s in psychotherapy practice during this period

\_\_\_\_\_ Accreditation Body \_\_\_\_\_

\_\_\_\_\_ Accreditation Body \_\_\_\_\_

\_\_\_\_\_ Accreditation Body \_\_\_\_\_

***Please Note: Your Supervisor will ideally hold a counselling/psychotherapy qualification at level 9 or above and be registered as an accredited counsellor or psychotherapist for a minimum of three years either with APCP or another recognised Professional Association.***

***They are required to provide information as noted in Supervisors Reference – See Section 5.2 of APCP Psychoterapist Application Form for further details.***



**5.3**

**Summary & verification of hours in Clinical supervision over four year training period**

Work Undertaken with Supervisor/s	Year 1	Year 2	Year 3	Year 4
1-2-1				
Group supervision				
Name of Supervisor/s				

**This is a true and accurate statement of all clinical practice and supervision undertaken by me in training as a psychotherapist**

Signed \_\_\_\_\_  
Applicant

Date \_\_\_\_\_