* 1. **Supervisors Reference**

**Supervisors Personal Details**

Name of Supervisor

Supervisor’s Professional Membership Body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Qualification(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** *Supervisors are required, in their professional capacity to verify that the applicant has undertaken the necessary hours in supervision, as noted in section 4.3.above and in the applicants* ***APCP - Record of Clinical Practice Counsellors log sheets which accompanies this application form.***

*The supervisor is also required to verify the suitability of the applicant for accreditation purposes and provide information on the applicant’s experience.*

*In the event that the applicant is working with more than one supervisor, the supervisor providing the one to one support is required to determine suitability of the applicant for accreditation purposes.*

**5.2.1 Supervisors Reference for Applicant.**

|  |
| --- |
| 1. How long have you been supervising the applicant as a trainee counsellor, and in what capacity?
 |
| 1. What are the particular qualities this applicant brings to the field of counselling?
 |
| 1. How would you describe their experience in terms of interventions used and the modality they operate from
 |

**5.2.2 Supervisor declaration**

I have read and understand the requirements of membership of APCP as an accredited counsellor and **recommend** the applicant as a suitable candidate for membership of APCP at this level. I also confirm that all information enclosed, is to the best of my knowledge accurate.

Supervisors Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a supervisor I am a registered member of APCP Yes\_\_\_\_ No\_\_\_\_\_\_

I hold the following counselling/psychotherapy qualification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Level \_\_\_\_\_\_\_\_\_

**Please note:** As the applicant’s main supervisor, if you are **not** a registered member of APCP, please attach the following: -

1. Evidence of the Association you belong to and
2. Transcript of your counselling qualifications