

**PHASE 2: SUPERVISOR ASSESSMENT REPORT
FOR APPLICANT SEEKING ACCREDITATION
UNDER BYE LAW 11 ONLY**

**This report is only filled out by the Phase 2 Supervisor/s for
the 12 Months preceding application for accreditation. [6.1]**

**The bracketed numbers refer to sections of Bye Law 11
These may be helpful but are not intended to replace a study of the bye law as a whole.**

Applicants Name: _____

1.0 Name of Supervisor: _____

1.1 Supervisor's address: _____

1.2 Phone Number: _____

1.3 Professional Memberships: _____

1.4 Did you have a significant involvement in this applicants training (Phase 1)?
If yes, please give details: [7.3.2]

Yes No

1.5 Is there a clear distinction between line management and Clinical Supervision between you and this Supervisee? . i.e. There cannot be a dual relationship as it should not have a disciplinary function, which it is inevitably open to if the supervisor is also the line manager. [7.3c]

Yes No

2.0 IAHIP ACCREDITED SUPERVISOR SECTION [7.3a]

Please only fill out this section if you are an IAHIP Accredited Supervisor

2.1 Are you trained in supervisory work? Yes No
If NO – please proceed to section 3.0 below

2.2 Are you an IAHIP Accredited Supervisor? Yes No

2.3 Supervisor Training/Qualification: _____
Date

2.4 Supervisor Accreditation: _____
Date

2.5 Supervision Memberships: _____

2.6 Number of years of experience as a supervisor: _____

2.7 I confirm that I have a good working knowledge of the IAHIP Code of Ethics and Practice:

Signed: _____
Please HAND SIGN here

Print: Name: _____
Please PRINT name here

3.0 NON IAHIP ACCREDITED OR FORMALLY RECOGNISED SUPERVISOR [7.3(b)]

Please only fill out this section if you are not an IAHIP Accredited Supervisor?

3.1 (a) Are you a Psychotherapist from an equivalent professional organisation who is accredited as a Supervisor? [7.3(b)]

Yes No

If yes, please give details:

3.2 Are you trained in supervisory work? Yes No

3.3 Supervisor Training/Qualification: _____
Date

3.4 Supervisor Accreditation: _____
Date

3.5 Supervision Memberships: _____

3.6 Number of years of experience as a supervisor: _____

3.7 I confirm that I have a good working knowledge of the IAHIP Code of Ethics and Practice: Yes No

3.8 Do you pursue your own practice from a shared humanistic and integrative perspective? Yes No

OR

3.1 (b) Are you a Psychotherapist who has formal recognition as a Supervisor by an equivalent professional organisation? [7.3(b)]

Yes No

If yes, please give details:

3.2 Are you trained in supervisory work? Yes No

3.3 Supervisor Training/Qualification: _____
Date

3.4 Supervisor Accreditation: _____
Date

3.5 Supervision Memberships: _____

3.6 Number of years of experience as a supervisor: _____

3.7 I confirm that I have a good working knowledge of the IAHIP Code of Ethics and Practice: Yes No

3.8 Do you pursue your own practice from a shared humanistic and integrative perspective?

Yes No

OR

3.1 (c) Are you a Psychotherapist who is sufficiently familiar with and sympathetic towards humanistic and integrative psychotherapy to be able to provide supervision in a way that is congruent with the supervisee's orientation as a humanistic and integrative psychotherapist? [7.3(b)]

Yes No

If yes, please give details:

3.2 Are you trained in supervisory work?

Yes No

3.3 Supervisor Training/Qualification: _____
Date

3.4 Supervisor Accreditation: _____
Date

3.5 Supervision Memberships: _____

3.6 Number of years of experience as a supervisor: _____

3.7 I confirm that I have a good working knowledge of the IAHIP Code of Ethics and Practice:

Yes No

3.8 Do you pursue your own practice from a shared humanistic and integrative perspective?

Yes No

Signed:

Please HAND SIGN here

Print: Name:

Please PRINT name here

4.0 PERIOD OF PHASE 2 SUPERVISION [7.2]

Please note that supervision of clinical practice whether Phase 1 or Phase 2 must be face-to-face to be eligible to be counted towards Accreditation i.e. no Skype, Phone, Facetime etc. Should exceptional circumstances arise with your supervisor, where face-to-face is not possible for a short period, these circumstances must be clearly documented and included in the application for consideration

4.1 (a) Individual Supervision: [7.2]

_____ Start Date _____ End Date

Frequency of Supervision: _____

Duration of Supervision Sessions: _____

Length of Individual Sessions: _____

Total Number of Supervision Hours: [7.2.1] _____

Total Number of Client Hours Supervised: [7.2] _____

Are any of the hours above non face to face Supervision? [6] _____
Yes/No

If yes, please outline the dates & exceptional circumstances which arose for this to happen

4.1 (b) Group Supervision: [7.2]

_____ Start Date _____ End Date

Number of Supervisees in the Group: [7.2.2] _____

Frequency of Supervision: _____

Length of Group Sessions: _____

Total Number of Supervision Hours: [7.2.2] _____

Total Number of Client Hours Supervised: [7.2] _____

4.2 Has the applicant had at least 100 hours of Supervised client work in the 12 months leading up to the writing of this report? [6.1]

Yes No

4.3 Has the Applicant completed at least one piece of work with a client of 40 hours or more during phase 2?

Yes No

5.0 FORMATIVE EVALUATION

Based on the experience of your relationship with the above named applicant please comment on each of the following:

5.1 The applicant's ability to work from a humanistic and Integrative prospective?

5.2 Commitment to and preparation for supervision:

5.3 Openness to support, challenge and feedback:

5.4 Freedom to express doubts, difficulties and concerns:

5.5 Ability to foster an internal supervisor:

5.6 Self-awareness and self-knowledge:

5.7 Creativity, Flexibility and spontaneity:

5.8 Development of autonomy and competence

5.9 Ability to identify practice issues:

5.10 Ability to be fully present in the therapeutic relationship while retaining sense of self:

5.11 Ability to hold clients in their pain and confusion and tolerate high levels of stress and uncertainty:

5.12 Ability to challenge and confront clients when appropriate:

5.13 Understanding of the interpersonal dynamics and unconscious aspects of the therapeutic relationship (transference/counter-transference) and the ability to work creatively with them as appropriate:

5.14 Capacity for empathy and deep listening:

5.15 Competence /Confidence in carrying out assessments and awareness to refer clients on elsewhere when necessary:

5.16 Attunement to the shadow in themselves and ability to deal with blocks in own process:

5.17 Capacity for self-reflection:

5.18 Ability to critically evaluate and review clinical work:

5.19 Self-care and management of stress, burnout and workload:

5.20 Integration of all aspects of training - i.e. theory and skills etc.:

5.21 Commitment to ongoing professional and personal development:

5.22 Appreciation of the place / value of ethics and the ability to evaluate ethical conflicts:

6.0 Additional Comments:

7.0 Are you satisfied that the applicant has the ability to maintain a professional relationship with clients?

Yes No

7.1 Is the applicant working within the guidelines of IAHIP Code of Ethics and Practice?

Yes No

8.0 SUMMATIVE EVALUATION

In the space below please give a reflective statement on your overall assessment of the applicant, including the supervisee's particular strengths and those areas requiring improvement:

9.0 Are you recommending the applicant for accreditation with IAHIP?

Yes No

10.0 By signing below... you confirm that you have read the supervisee's application for accreditation and that it is, to the best of your knowledge, accurate.

Signed:

Please **HAND SIGN** here

Print: Name:

Please **PRINT** name here

Date:
