
APPLICATION FOR RE-ACCREDITATION AS SUPERVISOR¹

Consent

Section 2(1)(c) of the Data Protection Acts 1988 & 2003 requires IAHIP as a data controller to comply with the following provisions concerning personal data kept by them:

1. the data shall have been obtained for one or more specified, explicit, and lawful purpose(s),
2. the data shall not be further processed in a manner incompatible with that purpose(s),
3. the data shall be adequate, relevant, and not excessive in relation to the purpose(s) for which they were collected or are further processed, and
4. the data shall not be kept for longer than is necessary for that purpose(s)

By completing and signing this document,
the undersigned (applicant and Supervisor) gives formal consent to
IAHIP's Admin Staff, Membership Secretary and Members of the Supervision and Supervisor Accreditation Committee
to make contact, retain, share and process electronic and paper records contained herein,
in accordance with Data Protection Acts,
for purposes outlined in IAHIP Bye Law 5C and related Bye Laws.

Checklist for completing this Application

1. IAHIP Bye Law 5D requires that Criteria A-D in the application form are satisfactorily completed by Applicants who wish to be considered for re-accreditation as a Supervisor.
2. Applicants are responsible to ensure that supporting documents are attached, including:
 - Certificate(s) for supervision related CPD
 - Reflective statement showing how choice of CPD activities has enhanced and supported practice as supervisor including the functions of supervision
 - Current Insurance Certificate relevant to Supervision
 - Application Processing fee payable to IAHIP (€150).
 - Signatures of Applicant and relevant Supervisor(s)²
3. Every care will be taken by IAHIP to deliver a decision on your application as soon as possible. Please take time to accurately record details as requested in this form to facilitate the Office Staff and Volunteer Members of the Supervision and Supervisor Accreditation Committee to process your application without delay.
4. If any criterion above appears to be unclear, the Committee will engage in correspondence with you, or your Supervisor. A speedy reply in writing to any query will help us reach a decision on your application.
5. Incomplete Applications will be returned to applicants.

1. PERSONAL DETAILS

¹ "Supervision" "Supervisor" or "Supervisee" as used in this document, is intended to refer only to the supervision of psychotherapy or counselling.

² Please note that applications that are received without appropriate signatures [Applicant and Supervisor(s)] or supporting documents will **not** be reviewed by the volunteers of the Supervision and Supervisor Accreditation Committee and will be returned to the applicant.

Name:

Address/Home:

.....
.....

Phone No. Home Phone No. Work

E-Mail

**For office use only
(To be stamped by office)**

2. MEMBERSHIP DETAILS

2.1 IAHIP membership number.....

2.2 Date of First Accreditation as a member by IAHIP -- / -- / ----

2.3 Date of most recent re-accreditation as member by IAHIP -- / -- / --

2.4 Date of First Accreditation as a supervisor by IAHIP -- / -- / ----

2.5 Date most recent re-accreditation as a supervisor by IAHIP -- / -- / ----

3. SUPERVISION PRACTICE

3.1 Have you maintained a supervision practice since accreditation?
(Give details of any significant breaks on separate sheet)

3.2 Are you currently practicing as a supervisor and/or available to work with supervisees?
.....

3.3 Have you received continuous appropriate supervision on your supervision practice?
.....

4. CURRENT SUPERVISION YOU RECEIVE

Please complete this section for ALL supervision you currently receive on your supervision work, individual and group (including peer group).

Supervisors of IAHIP accredited members must have 5 years post accreditation experience as a psychotherapist and also be an accredited supervisor.

NB Supervisor/Supervisors to sign at section 7

4.1 Individual Supervision (if applicable)

Name of Individual Supervisor:

.....

Accredited Member of which Professional Association (s):
.....
.....

Description of their professional orientation:

.....

Duration of the supervisory relationship: (in months/years)
.....

How often do you meet?

For how long? (duration of each session)

This supervision is in relation to (circle one):

- a) supervision work
- b) both supervision work and client practice

(if you have had more than one individual supervisor over the last twelve months, please answer this section in respect of each of them.)

4.2 Group Supervision, if applicable. (Maximum 4 supervisees)

Form of Supervision: led by **Group Supervisor** / ***Peer** (circle one)

Name of Group / Designated Supervisor:

The professional orientation of the supervisor (or of the group, if peer)
Please give full details:

.....

How long have you been a member of the group?

.....

How often do you meet?

For how long? (duration of each session)

How many are in the group?

This supervision is in relation to (circle one):

a) supervision work

b) both supervision work and client practice

Peer Group Note: *Peer groups should not exceed four members. If your only supervision in the last twelve months has been in a peer group, please nominate one member of this group as your designated supervisor for the purpose of this application. **Please note** that this person must be an accredited supervisor.

Please note as of and from May 2022 any peer group supervision hours submitted for re-accreditation purposes must be signed off by a member of the group who is an accredited supervisor.

5. INSURANCE

IAHIP requires members to maintain insurance cover against professional indemnity and public liability* risks in their practice, including their supervision practice.

Have you attached a photocopy of your current policy details?

Please ensure ‘supervision’ is clearly stated on your policy

*If your Public Liability Insurance is provided by your organisation please quote the Policy Number and Name of Insurer:

.....

6. CONTINUING PROFESSIONAL DEVELOPMENT

Please provide a **typed** reflective statement that clearly demonstrates how your choice of supervision-specific /supervision-relevant CPD activities (e.g., conferences, supervision forums, supervision specific reading, supervision specific journaling, etc) has enhanced and supported your **supervision** practice (Headings must include the core functions of supervision, i.e., restorative, managerial, educative). Please see Appendix 1. Word count: Minimum 350, Maximum 500 words. **All aspects of this question should be fully answered.**

7. SIGNATURE OF SUPERVISOR(S)

This section should be signed by the supervisors named in Section 4 of this form, after they have read the completed application. For the purpose of this application a spouse or equivalent partner does not qualify as a supervisor. Please also note, that in signing this form, supervisors are also signing that they are aware of the

I confirm that, to the best of my knowledge, the above details are true, and I recommend the above-named applicant for re-accreditation by IAHIP as a supervisor. I also confirm that I am familiar with the IAHIP codes of ethics in relation to the practice of both psychotherapy and supervision.

Signed:Professional Accreditation:

Duration of psychotherapist experience post accreditation: ____Years. Date:

Signed:Professional Accreditation:

Duration of psychotherapist experience post accreditation: ____Years. Date:

8. DECLARATION

I,, apply for re-accreditation by IAHIP as a supervisor. I agree to abide by its Memorandum & Articles of Association, its Codes of Ethics & Practice including its Code of Ethics and Practice for Supervisors and agree to comply with its Complaints Procedures. I have not been debarred by any organisation for professional misconduct, am not currently under investigation in relation to any professional or criminal issues, and am not aware of any events that could lead to such an investigation. I renew my commitment to the practice of supervision, to ongoing supervision of my work and to other forms of personal and professional development in the area of supervision. I declare the information given in this form to be true.

Signed: Date:

Please **click here** to download a PDF copy of this Application Form.

Please send completed forms and documentation required plus fee / confirmation of online payment to: IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co. Dublin.

Please click here for **Online Payment** and enclose herewith confirmation of payment.

Please note:

- The re-accreditation period lasts 5 years.
- It is the applicant's responsibility to submit their re-accreditation application on time.

Appendix 1

The reflective statement requires applicants to clarify how their supervision-specific or supervision-relevant CPD informs their practice with respect to the functions of supervision. We will accept any CPD as long as it is relevant to the practice of supervision. This might be supervision related research, reading (i.e., books, articles), attendance at supervision workshops, talks, conferences, personal reflection (e.g., supervision journaling), and engagement in any mode of supervision itself (i.e., peer, group, individual). This list is not exhaustive but it is specific or directly relevant to the practice of supervision. The functions of supervision must also be given attention. These have been, and will continue to be, listed as “restorative, managerial, and educative”.

Please note also that the functions of supervision are related to the applicants’ work with *their supervisees*. Applicants have routinely used these terms to describe themselves, by, for example, talking about how they restore themselves in their work, manage their work, or how they learn. The request here is for the applicant to describe how they ensure and offer these functions with respect to their supervisees, not to themselves. Please note the following:

Managerial: Ensuring the accountability of the supervisee (e.g., how do you ensure your *supervisee’s* practice is safe and is delivering quality care?)

Educative: Developing the knowledge and practice of the supervisee (e.g., how do you track and / or meet the learning needs, strengths, and learning style of your *supervisees*?)

Restorative: Helping the supervisee to feel supported in their work (e.g., how do you know what this means to your *supervisee*, how can you offer support, how can you facilitate them to source other supports to manage a potentially demanding job?)