

APPLICATION FOR ACCREDITED MEMBERSHIP UNDER BYE LAW 11 PHASE 2: SUPERVISOR ASSESSMENT REPORT

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 that may be helpful but are not intended to replace a study of the bye law as a whole.]

Applicants Name: _____

Guide to completing this form




- Complete all relevant sections
- Use the spaces provided to answer the questions fully
- Where detail is required, please give as much information about the applicant as possible to help the committee review the attached application.
Avoid using vague one word/sentence answers i.e. 'satisfactory' as this could delay the application process.
- This form can be written or typed, once completed please print and sign. The form should accompany the physical spiral bound and digital copy of the application.
- Ensure you have read your supervisee's accreditation application in full.
- Ensure there are no discrepancies or miscalculations between supervisor report, application clinical hours and supervision hours.
- Please ensure ratios for supervision hours to clinical hours are accurate.
- Please ensure you are familiar with bye law 11, if you are not an IAHIP accredited supervisor.
- If you are not an accredited supervisor with IAHIP, please provide adequate information to prove your training meets the standard required by the European Association for Psychotherapy.
- Please ensure you have read the addendum for your supervisee's remote hours and logs.
- Please ensure all signatures are original and date in line with the policy at the end of this form.


Section 1 - Supervisor Details

Supervisor's Name			
Address			
City/Town			
County			
Eircode/Postcode			
Country			

Email Address:			
Phone Number			
Mobile Number			

1.1	Psychotherapy Training/Qualification:	Date	
		MM	YYYY
1.2	Psychotherapy Accreditation:	Date	
		MM	YYYY

1.3	Professional Membership		
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?	Yes	No
	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]		

Section 2 – IAHIP Accredited Supervisor			
	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	Yes	No
2.2	Are you an IAHIP Accredited Supervisor?	Yes	No
2.3	Supervisor Training/Qualification:	Date	
		MM	YYYY
2.4	Supervisor Accreditation	Date	
		MM	YYYY

2.5	Supervision Membership			
2.6	Number of years' experience as a supervisor:			
2.7	I confirm that I have a good working knowledge of the IAHIP Code of Ethics and Practice	Yes	No	

Signed:	
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(Note: a Digital Signature is not acceptable)


Date			
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3.0	Section 3 – Non IAHIP Accredited or Formally Recognised Supervisor [7.3(b)]		
i	Please only fill out this section if you are not an IAHIP Accredited Supervisor		
	Complete Section 3.1, 3.2 or 3.3		
3.1	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		
3.1a	Are you trained in supervisory work?	Yes	No
3.1b	Supervisor Training/Qualification	MM	YYYY
3.1c	Supervisor Accreditation	Date	
		MM	YYYY
3.1e	Supervision Membership		
3.1f	Number of years' experience as a supervisor:		
3.1g	I confirm that I have a good working knowledge of the IAHIP Code of Ethics and Practice	Yes	No
3.1h	Do you pursue your own practice from a shared humanistic and integrative perspective?		

3.2	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		
3.2a	Are you trained in supervisory work?	Yes	No
3.2b	Supervisor Training/Qualification	MM	YYYY
3.2c	Supervisor Accreditation	Date	
		MM	YYYY
3.2e	Supervision Membership		
3.2f	Number of years' experience as a supervisor:		
3.2g	I confirm that I have a good working knowledge of the IAHIP Code of Ethics and Practice	Yes	No
3.2h	Do you pursue your own practice from a shared humanistic and integrative perspective?		

3.3	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		
3.3a	Are you trained in supervisory work?	Yes	No
3.3b	Supervisor Training/Qualification	MM	YYYY
3.3c	Supervisor Accreditation	Date	
		MM	YYYY
3.3e	Supervision Membership		
3.3f	Number of years' experience as a supervisor:		
3.3g	I confirm that I have a good working knowledge of the IAHIP Code of Ethics and Practice	Yes	No
3.3h	Do you pursue your own practice from a shared humanistic and integrative perspective?		

Section Completed – Tick	3.1		3.2		3.3	
Signed:						
(Note: a Digital Signature is not acceptable)						
Date						

4.0	Section 4 – Period of Phase 2 Supervision [7.2]							
	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. *Please also see addendum form and Covid-19 guidelines.							
4.1a	Individual Supervision							
	Start Date				End Date			
	Frequency of supervision							
	Duration of Supervision Sessions:							
	Length of Individual Sessions:							
	Total Number of Supervision Hours [7.2.1]							
	Are any of the hours above non-face-to-face supervision						Yes	No
	If yes, please outline the dates and exception circumstances which arose for this to happen:							
4.1	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	Section 5 – 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.	Check	

Signed:			
Print name below			
Date			

	<p>Signature Policy</p> <p>All signatures: including applicants, supervisors or anyone confirming data included in this application must be original on the page submitted. No digital, photocopied or scanned and pasted signatures are accepted as this cannot be verified. Applicants must ensure that the original document signed is submitted with the application.</p>
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