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## APPLICATION FOR ACCREDITATION AS SUPERVISOR<sup>1</sup>

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### 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.

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### Checklist for completing this Application

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1. IAHIP Bye Law 5C requires that Criteria A-I in the application form are satisfactorily completed by Applicants who wish to be considered for accreditation as a Supervisor.
2. Applicants are responsible to ensure that supporting documents are attached, including:
  - **Certificate(s) of Training,**
  - **Leaflet outlining Professional Supervision Training Course Content**
  - **Current Insurance Certificate relevant to Supervision**
  - **Application Processing fee payable to IAHIP (€200).**
  - **Supervisor(s) Comprehensive Report** (Appendix 1, written with attention to Appendix 2)
  - **Signatures of Applicant and relevant Supervisor(s)<sup>2</sup>**
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.

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

<sup>2</sup> 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.

**1. PERSONAL DETAILS**

Name.....

Address/Home.....

.....

.....

Phone No. Home ..... Phone No. Work .....

E-Mail .....

Date of 1<sup>st</sup> accreditation as psychotherapist by IAHIP: ..... Membership number: .....

Provide details, including duration, of any other accreditation as psychotherapist: .....

Provide details, including duration, of any other accreditation as supervisor: .....

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

**. 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. HISTORY OF SUPERVISED PSYCHOTHERAPY PRACTICE**

2.1) Total number of psychotherapy client hours accrued since accreditation by IAHIP, which have been supervised by a supervisor acceptable to IAHIP (these hours must have been supervised in the ratio relevant to the applicant’s stage of development as specified in byelaw 1C).

2.2) Total number of supervised client hours since accreditation by other professional body (give details of each body and ratio of supervision to client work)

2.3) Is your practice pursued from a humanistic & Integrative perspective?.....

2.4) Do you currently maintain a supervised psychotherapy practice? .....

**3. DETAILS OF MAIN SUPERVISION TRAINING COURSE COMPLETED**

3.1 Name of Course and Training Body (include course leaflet):

.....  
.....  
.....  
.....

3.2 Number of tutor contact hours: .....

3.3 Core Theoretical model – must be congruent with a Humanistic and Integrative approach:

.....

3.4 Other theoretical Approaches reviewed:

.....  
.....

3.5 Did the training include skills practice?.....

3.6 Number of hours supervision of supervisees during training.....

3.7 Did the course include supervision of this supervision practice?.....

3.8 Did the course(s) include an assessment component? .....

If so, did your assessment include both written and practical elements?.....

**Please attach copy of certificate/s of successful completion of training. If necessary, please attach details of any additional course on separate sheet.**

**4. EXPERIENCE OF GIVING SUPERVISION TO PSYCHOTHERAPISTS/COUNSELLORS**

- 4.1 Number of years practising as a supervisor of psychotherapists and/or counsellors?.....
- 4.2 How many hours of supervision have you provided?.....
- 4.3 Have you provided 12 or more hours of individual supervision to the same supervisee? .....
- 4.4 How many supervisees are you currently supervising in individual supervision? .....
- 4.5 How many groups do you currently supervise? .....

**5. SUPERVISION RECEIVED ON SUPERVISION PRACTICE**

**NB Supervisor/Supervisors to sign at section 8 and complete supervisor’s report.**

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

*During the supervisee’s first period (i.e., 5 years) as accredited psychotherapists, the supervisor should have considerably more experience than the supervisee.*

- 5.1 Number of years in receipt of regular supervision of your supervision practice.....

*If you have had more than one supervisor over the two years preceding the date of this application, this section should be completed in respect of each of them.*

- 5.2 Name of supervisor.....

- 5.3 Accredited member of which professional association/s:  
.....

- 5.4 Description of their professional orientation.....  
.....

- 5.5 Duration of the supervisory relationship (Include start and end date)  
.....

- 5.6 Frequency and duration of sessions: .....

5.7 Does/did this supervisor also supervise your psychotherapy practice?.....

If not, please supply the name and accreditation details of the supervisor who does:

.....

**6. INSURANCE**

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

6.1 Do you hold the required insurance cover?

**Have you attached a photocopy of your current policy details?** .....

**Does this clearly state that it covers your practice as a supervisor?** .....

\*If your Public Liability Insurance is provided by your organisation please quote the

**Policy Number and Name of Insurer:** .....

**7. OTHER INFORMATION**

7.1 Is there anything else pertinent to this application or your practice as a supervisor that it would be relevant for IAHIP to consider?

**8 STATEMENT OF SUPERVISOR(S)**

*(This section should be signed by the supervisor(s) named in Section 5.2 of this form as supervisor(s) of your supervision practice.) For the purpose of this application a spouse or equivalent partner does not qualify as a supervisor.*

I confirm that, to the best of my knowledge, the above details are true, and I recommend the above-named applicant for accreditation by IAHIP as a supervisor. I also confirm that the applicant maintains a psychotherapy practice. I include herewith a typed supervisor’s report. 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: .....

## 9. DECLARATION BY APPLICANT

I, ....., apply for 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 declare 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.....

## 10. CHECKLIST

To be enclosed with this application:

1. Completed Typed Supervisor's Report/s (See Appendix 1)
2. Certificate/s of Training
3. Course Leaflet (as per 3.1)
4. Current Insurance Certificate

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

- Accreditation is valid for 5 years.
- It is the applicant's responsibility to submit their re-accreditation application on time.

## APPENDIX 1

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### ***CONFIDENTIAL SUPERVISOR'S ASSESSMENT REPORT FOR APPLICANT SEEKING ACCREDITATION AS A SUPERVISOR***

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#### **Informed Consent**

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7. 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
8. the data shall not be kept for longer than is necessary for that purpose(s)

*By completing and signing this document,  
the undersigned Supervisor gives formal consent to  
**IAHIP's current Admin Staff, Membership Secretary and members of its 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.*

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

During the supervisee's first period (i.e., 5 years) as accredited psychotherapists, the supervisor should have considerably more experience than the supervisee.

## Supervisor's Contact Details

<b>Name:</b>	
<b>Contact Address/Home:</b>	
<b>Contact Phone Number:</b>	
<b>Contact Email Address:</b>	

## Qualifications, Accreditations, and Experience

<b>Psychotherapy &amp; Supervision Qualifications:</b>	Psychotherapy Quals: _____  Are you trained in supervisory work: <span style="float: right;">Yes    No</span>  Supervision Qualifications: _____  Are you accredited to offer supervisory work by an accrediting body: <span style="float: right;">Yes    No</span>  If yes, which accrediting body are you accredited by as a supervisor? _____	
<b>First (IAHIP) Accreditation:</b>	From:	To:
<b>IAHIP Membership Number:</b>		
<b>Other Psychotherapy Accreditation:</b>	Other Accrediting Body:	
	From:	To:
<b>Number of years working as Psychotherapist:</b>		
<b>Number of Years of Experience as a Supervisor:</b>		
<b>Can you Confirm that:</b>	(i) you practice as a Humanistic and Integrative Psychotherapist: Yes:    No (ii) you are sufficiently familiar with and sympathetic towards humanistic and integrative psychotherapy to be able to provide supervision in a way that is congruent with a Supervisee's orientation as a humanistic and integrative psychotherapist: Yes:    No	
<b>Have you a good working knowledge of the IAHIP Codes of Ethics &amp; Practice for Psychotherapy and for Supervision</b>	Yes:	No



## Details of Supervisory relationship with Applicant

<b>Name of Applicant for Accreditation as Supervisor:</b>		
<b>Duration of Supervision Contract with Applicant:</b>	<b>From:</b> <b>To:</b> <b>Frequency of Individual Sessions:</b> <b>Length of Sessions:</b> <b>Frequency of Group Sessions:</b> <b>Length of Sessions:</b> <b>Number of Participants in Group:</b>	
<b>Total Number of Supervision Hours delivered to Applicant:</b>	<b>Individual Hours:</b> <b>Group Hours (proportionate to Number of Participants in group):</b>	
<b>Total Number of Client Hours delivered by the Applicant:</b>		
<b>Total Number of Supervision hours delivered by the Applicant:</b>		
<b>Can you verify that the applicant has at least <u>50</u> hours of supervised client work in the 12 months prior to this report.</b>		

## **REPORT AND STATEMENT OF SUPERVISOR IN SUPPORT OF APPLICATION FOR ACCREDITATION AS SUPERVISOR**

*To be completed by the applicant's current Supervisor and any other Supervisor who supervised the applicant's supervision practice during the previous two years.*

*(This **typed** report to be submitted with Accreditation Application signed by the Supervisor(s) named above (Criterion H) as Supervisor(s) of applicant's supervision practice.)*

*NOTE: For the purpose of this application a spouse or equivalent partner does not qualify as a supervisor.*

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### ***SUPERVISOR'S REPORT TEMPLATE***

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- 1. Based on your Professional Supervision Relationship with this applicant, please submit your reasoned (typed) report on the **Quality** of this applicants Supervision Work. Within this, please comment on how they meet the supportive, managerial, and educative functions of supervision for their supervisees in their role as supervisor (Please see Appendix 2).*
- 2. Based on your Professional Supervision Relationship with this applicant, please submit your reasoned (typed) Report on the **Quantity** of this applicant's Supervision Work*
- 3. Based on your Professional Supervision Relationship with this applicant, can you confirm that this IAHIP Member maintains a Psychotherapy Practice in keeping with a Humanistic and Integrative Perspective? (Please offer reasoned support of your confirmation)*

I confirm that, to the best of my knowledge, the above details are true, and I recommend the above-named applicant for accreditation by IAHIP as a supervisor.

**Signed:** .....**Date:** .....

## APPENDIX 2

The supervisor is free to comment on any aspect of the supervisee's work that they see fit especially if it incorporates a humanistic account of the applicant and their work. However, there are certain functions which are considered core to the supervisor's work within the supervision literature and we would ask that these core functions are attended to within this statement. We ask supervisors of first-time applicants to be very mindful in their reflection of how the applicant meets these functions *in their own respective supervisees*.

Supervisors have at times used these terms to describe the applicant, by, for example, talking about how the applicant restores themselves in their work, manages their own work, or the way in which they learn. The request, however, is for the supervisor to describe how the applicant ensures and offers the restorative, managerial, and educative functions to their supervisees, not to themselves. Please note the following:

- Managerial: Ensuring the accountability of the supervisee (e.g., how does the *applicant* ensure *their supervisees*' practice is safe and is delivering quality care?)
- Educative: Developing the knowledge and practice of the supervisee (e.g., how does the *applicant* track and / or meet the learning needs, strengths, and learning style of *their supervisees*?)
- Restorative: Helping the supervisee to feel supported in their work (e.g., how does the *applicant* know what this means to *their supervisees*, how does the *applicant* offer support to *their supervisees*, how does the *applicant* facilitate *their supervisees* to source other supports to manage their job?)