**APCP Counsellors – Clinical Practice Log**

**Information**

*A record of your clinical practice must be forwarded with your application form when applying to APCP for accreditation purposes. This log has been devised to assist you with that application. You may use an alternative format if you so choose,* ***however*** *all information required as noted in this log must be supplied and signed off on by the applicant and their supervisor. It is the responsibility of the applicant to ensure all hours noted are correctly added in the summary section and correspond with information noted in* ***section 4*** *of the application form.*

**Please note the following rules apply in recording clinical hours practice for accreditation purposes.**

1. Hours recognised can be counted once you have

* SUCCESSFULLY completed a HETAC qualification in the field of Counselling and/or Psychotherapy at level 7 or above **OR** its equivalent.
* Are REGISTERED as a pre-accredited counsellor with APCP or another counselling/psychotherapy association ***OR*** are working under the remit of an organisation that has insured you to undertake clinical practice.

1. Clinical practice hours accumulated during counselling/psychotherapy training will not be counted towards accreditation hours.
2. One to one client work must account for a minimum of 75% of total clinical practice hours.

Clinical practice hours should be reviewed in individual supervision at a ratio of 1:8, while group supervision should comprise of a maximum of 4-6 people at a ratio of 1:5.

**APCP - Record of Clinical Practice for Accreditation – Counsellors**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course title Third level Institute Year graduated

Counselling or Psychotherapy Association/s you are/have previously been affiliated to when working towards accreditation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Professional body month/year month/year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Professional body month/year month/year

4. Period of clinical practice forwarded for accreditation purposes

From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/month/year Day/month/Year

1. **One to one client work Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month** | **No of Hours with clients** | **Signed as a true statement of work undertaken – Supervisee** | **No of hours in Supervision** | | **Modality of Practice** | **Signed as a true statement of work supervised - Supervisor** |
|  |  |  | **1-2-1 supervision** | **Group supervision** |  |  |
| Jan |  |  |  |  |  |  |
| Feb |  |  |  |  |  |  |
| March |  |  |  |  |  |  |
| April |  |  |  |  |  |  |
| May |  |  |  |  |  |  |
| June |  |  |  |  |  |  |
| July |  |  |  |  |  |  |
| August |  |  |  |  |  |  |
| September |  |  |  |  |  |  |
| October |  |  |  |  |  |  |
| November |  |  |  |  |  |  |
| December |  |  |  |  |  |  |
| Total no of hours |  |  |  |  |  |  |
| Summary of Key Issues covered  (to be filled in by supervisee) | | | | | | |

**Therapeutic Group Work Year** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month** | **No of Hrs therapeutic gp work** | **Type of Group -e.g. Bereavement issues, problematic substance use** | **Signed as a true statement of work undertaken – Supervisee** | **No of hours in Supervision** | **Modality** | **Signed as a true statement of work supervised – Supervisor** |
| Jan |  |  |  |  |  |  |
| Feb |  |  |  |  |  |  |
| March |  |  |  |  |  |  |
| April |  |  |  |  |  |  |
| May |  |  |  |  |  |  |
| June |  |  |  |  |  |  |
| July |  |  |  |  |  |  |
| August |  |  |  |  |  |  |
| September |  |  |  |  |  |  |
| October |  |  |  |  |  |  |
| November |  |  |  |  |  |  |
| December |  |  |  |  |  |  |
| No of hours |  |  |  |  |  |  |
| **Key issues covered during this period (to be filled in by supervisee)** | | | | | | |

**Psycho-educational Group Work \_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Month** | **No of Hours in psycho-educational group work** | **Type of educational provision & Group**  **e.g assertiveness, young people etc..** | **Signed as a true statement of work undertaken – Supervisee** | **No of hours in Supervision** | **Signed as a true statement of work supervised – Supervisor** |
| Jan |  |  |  |  |  |
| Feb |  |  |  |  |  |
| March |  |  |  |  |  |
| April |  |  |  |  |  |
| May |  |  |  |  |  |
| June |  |  |  |  |  |
| July |  |  |  |  |  |
| August |  |  |  |  |  |
| September |  |  |  |  |  |
| October |  |  |  |  |  |
| November |  |  |  |  |  |
| December |  |  |  |  |  |
| Total no of hours |  |  |  |  |  |
| **key issues covered during this period (to be filled in by supervisee)** | | | | | |

**Summary of Clinical Practice**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Counselling/Psychotherapy  Interventions | Total no  of hours in clinical practice | Name of supervisor/s | No. of hours in supervision | |
|  | | | 1-2-1  supervision | Group  supervision |
| One to one work with clients |  |  |  |  |
| Therapeutic group work |  |  |  |  |
| Psycho-social educational group work |  |  |  |  |
| **Summary of hours** | | | | |
| 1. Work with clients and with groups |  | | | |
| 1. Work with supervisor on a one to one basis |  | | | |
| 1. Work with supervisor as part of a group |  | | | |
| 1. Total number of hours in Supervision |  | | | |

This is a true and accurate statement of all clinical practice and supervision undertaken by me in training as a counsellor.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Supervisee