|  |  |
| --- | --- |
| **To be completed by APCP Member** |  |
| Name |  |
| Address |  |
|  |  |
| Email address |  |
| Telephone No: |  |
| APCP Membership No | MBR: |
| **To be completed by supervisor prior to leaving supervision with this supervisor** |  |
|  |  |
| Supervisor Name |  |
| Accrediting Body |  |
| Accredited Supervisor Membership No  |  |
| Email address |  |
| Start date of Supervision with this supervisee |  |
| End date of supervision with this supervisee |  |
| Please indicate context of supervision: |  |
| 1-2-1 supervision |  |
| Group Supervision |  |
| Reason for termination of Supervision |  |
| Signed:  | Date:  |
| **To be completed by NEW Supervisor** |  |
| Name |  |
| Address |  |
| Accrediting Body |  |
| Accredited Supervisor Membership No  |  |
| Start date of Supervision with this supervisee |  |
| Please indicate mode of supervision below: |  |
| 1-2-1 supervision |  |
| Group supervision |  |
| Frequency of supervision | * 1:8
* 1:12
* Monthly
 |
| Are you satisfied that the supervisee is abiding by APCP’s code of Ethics | * YES
* NO
 |
| Are you satisfied that the supervisee is engaging with the CPD requirements of APCP | * YES
* NO
 |

Signed: Date: