# Application form for Accredited Supervisory Membership of APCP

## General Information for all APCP Membership levels

APCP is a professional association for dedicated professional Counsellors and Psychotherapists in Ireland and is committed to the on-going development and improvement of the standards of practice of its members and of the fields of counselling and psychotherapy. It also works collaboratively with other relevant agencies and bodies in collegial respect to advance the rights of individual clients and wider society and the advancement of best practice.

It supports Counsellors and Psychotherapists in their professional practice through its series of continuous professional development programmes, its code of ethics and its commitment to ensuring compliance with these standards by its members in their service to the public.

Individuals are invited to join APCP as they progress in their career in the fields of counselling and/or psychotherapy as:

**1**. Student Members.

**2**. Pre-accredited Members (either Counselling or Psychotherapy).

**3**. Accredited Members (either Counselling or Psychotherapy).

**4**. Clinical Supervisors.

This **application form** is solely for those seeking membership at a **Supervisory level** as a recognised **Supervisor** of APCP.

**Applications must be emailed to** **info@apcp.ie****.** You must sign the application form and enclose all necessary documents as noted in **section 6** in support of this application. You must also ensure references required to support your application are forwarded in advance of these meetings also via email to info@apcp.ie

**Please note it is the policy of APCP to interview potential candidates, where clarity is sought regarding their application for membership.**

## APCP’s accreditation committee meets on a quarterly basis. It is your responsibility to ensure that all information requested is complete prior to the application being considered by them.

**APCP Criteria for Accreditation as a Supervisor**

*Applicants applying for supervisory membership must first be recognised as an accredited member of APCP. Where an applicant wishes to apply for both simultaneously, they may do so but will be required to complete each application separately.*

In order to be eligible for Supervisor, the applicant must ensure the following with regard to criteria for membership:

1. **Qualifications/Membership of an accrediting body**
* Hold a Masters level qualification in Clinical Supervision
* Be accredited as a Counsellor / Psychotherapist for at least **three** years either with APCP or another recognised Professional Association. *(Where the applicant has been a member of an association other than APCP, they must supply evidence to prove they have been and are currently engaged in clinical practice for a minimum of three years prior to this application).*
1. **Experience**
2. ***Hours of practice prior to applying for Supervisory level membership***

Applicants must have:

* Engaged in a minimum of 1200 clinical practice hours of post accreditation work in the fields of counselling or psychotherapy.
* Undertaken a minimum of 150 hours of supervised counsellor/psychotherapist practice post-accreditation.
1. ***Supervisory practice***

Applicants must:

* Be participating in regular Clinical Supervision from an Accredited Supervisor who is qualified to a minimum of Level 9 in clinical supervision.
* Be currently supervising no fewer than **two** individual supervisees across a minimum of 60 hours supervisory practice per annum
* Have appropriate Supervision and Support for Supervisory Practice.
1. ***On-going Personal Development/Continuous Professional Development***

Applicants must:

* Be able to demonstrate engagement with relevant professional development activities to support counseling/psychotherapy as well as supervisory work within the previous twelve months.
1. ***Reports/Evidence to support application***
* A comprehensive Supervisor’s Report attesting to the
1. quality and quantity of the applicant’s supervisory work, AND
2. confirming that the applicant maintains a counselling/psychotherapy practice.

(see section 7.1 of this application form and logs for supervision which can be downloaded at apcp.ie or email info@apcp.ie.

* Evidence that the applicant currently has appropriate insurance cover for both the counselling/psychotherapy and supervision work.
* Evidence of capabilities and understanding of Supervision. This will be demonstrated through
* The submission of certificates verifying the successful completion of a recognised L9 qualification in the area of Supervision

**or**

* Supervisors (without a qualification in supervision) are requested to write and submit a reflective journal for assessment purposes. A fee of €300 will be charged for this assessment. (See Section 4.3)
1. **Evidence of Supervisors Credentials**

In applying to become an accredited supervisor of APCP, you are required to ensure that the person responsible for supervising your practice at this level is themselves fully qualified to practice. In the event that your appointed Supervisor is not accredited by APCP, they are asked to provide a signed copy/copies of their qualifications in the field of Counselling/Psychotherapy, and a copy of their current certificate of registration with their respective Counselling/Psychotherapy Association. (see section 5 & 7 for further details)

1. **€40 can be paid online via Easypay or phone,** (unless you are presenting a reflective journal). This fee is solely to cover costs of processing/screening your application. It does not infer acceptance of membership. Please see [www.apcp.ie](http://www.apcp.ie) for more details

# Section One

***If you are a current student member of APCP, please provide membership number.***

APCP Membership No: MBR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the year you graduated with a degree in counselling & psychotherapy. \_\_\_\_\_\_\_\_\_\_\_

# Section Two

**2.1 Your Personal Details**

 First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth (d/m/y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other names that you are currently known by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any former/Maiden names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Contact Details***

Daytime Tel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section Two (cont./)

**2.2 Your Personal History and engagement in Professional Practice.** *Information given below will not necessarily exclude you from APCP membership***.**

 **1 Do you currently have, or have you ever been a member of any other professional counselling/psychology body?**

 **Yes No**

 **If you answer is yes, please give details, on a separate sheet.**

**2 Do you have any criminal or civil convictions (spent or unspent) or proceedings pending against you?**

 **Yes No**

 **If you answer is yes, please give details, on a separate sheet.**

**3 Do you have any professional complaint or disciplinary proceeding brought against you which was successful or is currently pending?**

 **Yes No**

 **If you answer is yes, please give details, on a separate sheet.**

 **4 Have you ever been or are you currently barred from working with young people?**

 **Yes No**

 **If you answer is yes, please give details, on a separate sheet.**

**­2.3 Insurance**

**Please provide the name and contact details of your (or your organisations) current insurance provider/broker**

**Insurance Company Name**

**Policy No:**

**Expiry Date:**

**Type of Insurance cover**

**Amount of cover**

**Please provide a copy of current insurance certificate with your application**

**Section Three**

 **Training qualifications. *Note: Section 3 must be filled by applicants and a verified transcript of training from the relevant third level college attached.)***

**3.1 Third level Qualifications in Clinical Supervision**

|  |  |
| --- | --- |
| Course Title |  |
| Name of Third Level Institute |  |
| Dates of Training | From | To |
| Date of successful completion |  |
| Level, and grade |  |
| Full -time or Part- time |  |

**Third level Qualifications in Counselling/Psychotherapy**

|  |  |
| --- | --- |
| Course Title |  |
| Name of Third Level Institute |  |
| Dates of Training | From | To |
| Date of successful completion |  |
| Level, and grade |  |
| Full -time or Part- time |  |
| Please indicate if the training programme focused on a specific modality, e.g. CBT, Gestalt etc.  |  |

**3.2 Other third level qualifications**

|  |  |
| --- | --- |
| Course Title |  |
| Name of Third Level Institute |  |
| Dates of Training | From | To |
| Date of successful completion |  |
| Level, and grade |  |
| Full -time or Part- time |  |
| **3.4 Evidence of Training****Note:** Your qualifications must be recognised within the National Framework of Qualifications for consideration. If your qualification in supervisory practice is not recognised with this framework, you will be required to provide a reflective journal as noted in section four of this application. **I have attached relevant transcripts of all third level training, noted above in this section.**  **(please tick)** Yes No |

**Section Four**

**Information regarding Post Accreditation Practice**

4.1 **Summary Record of Clinical Practice Post Accreditation**

***Note: applicants seeking to be recognised as accredited supervisors must have engaged in a minimum of 1200 hours clinical practice POST accreditation work in the fields of counselling or psychotherapy AND have engaged in a minimum of 150 HOURS of supervision with regard this clinical practice.***

 ***In the two tables below, you are required to provide a summary of***

1. ***clinical practice post accreditation and***
2. ***a record of supervisory practice. These summaries should tally with the details you record in the ‘logs for supervisors’ which you are required to complete and forward with this application. The log can be downloaded at apcp.ie or emailed on request at info@apcp.ie.***

**Type of Interventions in Clinical Practice POST Accreditation**

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of Client base  | Total no of hours | Name of supervisor/s | No. of hours in supervision |
| One to one work with clients |  |  |  |
| Systemic/Family Work |  |  |  |
| Couples Work |  |  |  |
| Therapeutic group work |  |  |  |
| Other |  |  |  |
| Total No of Hours in clinical practice |  | Total number of hours in supervision |  |

**4.2 Summary record of Supervisory practice**

Please fill in the following regarding your supervisory experience

|  |  |
| --- | --- |
| Start date (e.g. month and year) |  |
| Number of supervisee you have worked with during this periodNo of supervisees you currently work with |  |
| Name of supervisor/s who supports you in your supervisory practice |  |
| No of hours you have engaged in supervisory practice. |  |

**4.3 Reflective Journal**

**Please Note**: A reflective journal **must be completed by applicants who do not have a HETAC, Level 9 or above qualification in Supervisory Practice.** The work will be reviewed by an assessor appointed by APCP and will cost €300 to the applicant. This money is not redeemable in the event that the applicants’ reflective journal does not meet the standard required.

 In the reflective journal you are asked to: -

 (A) Provide a concise overview and description of your underpinning worldview value based on your clinical therapeutic work practice. **(Circa 1000 words)**

 (B) Drawing upon case exemplars from your clinical supervision practice, provide a critical discussion on aspects of your clinical supervisory work practice, to include the following aspects; **(Max 5000 words)**

 (a) supervisee-supervisor working alliance.

 (b) process management e.g. supervisory contracting, feedback, reporting.

 (c) your underpinning theoretical modalities of supervision and their application in your clinical supervision work.

 (d) How you engage with the key core functions of supervision, i.e. support, educate, manage.

 (e) Aspects of supporting supervisees in developing awareness around an ethical dilemma and the interaction professionally with these.

 (f) Your approach in working with and facilitating supervisees developmental needs.

 (g) Your approach in assessing, monitoring, and addressing competence and fitness-to-practice issues in your supervisory practice.

**Section Five**

**References**

When seeking membership as an accredited Supervisor you must provide **two** references i.e.

1. Reference from your current supervisor.

2. A professional reference

Your referees are required to fill out the relevant forms in **section 7** of this application form and forward as required to support your application

**In both instances references should not be provided by a spouse, partner of relative**

* 1. **Supervisors Reference**

Please provide details below with regard your current supervisor supervising your supervisory practice.

Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession & Job Title

Supervisory Qualifications

Counselling/Psychotherapy Body

Work Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Professional Reference**

An up to date professional reference is required from a person who is able to vouch for you and your suitability as an APCP supervisor in the field of counselling and/or psychotherapy. Ideally this is someone who knows you in a **work situation**.

Referees Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession & Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please ensure that both your supervisor’s reference and professional reference are forwarded to APCP directly by your nominated referees.**

**Section 6**

**Applicant’s declaration and signature**

Please tick that you have read and agree with each of the following statements

 I have read and agree to abide by APCP’s Code of Ethics and Practice for Counsellors and Psychotherapists

I understand and agree, as a member of APCP, that I will comply with the organisations current vetting procedures with the National Vetting Unit of An Garda Siochana and I understand that I will be re-vetted every three years. In the event that criminal proceedings are taken against me in the interim period, I will personally bring this to the attention of APCP.

 I confirm that all information provided in this form is true and accurate to the best of my belief.

 I understand that by forwarding an application to APCP for membership does not constitute acceptance as a member.

I understand and accept that APCP may wish to share information about me with other regulatory bodies for the purpose of regulation and in the interest of the public safety.

 I accept that APCP has the right to make direct contact with my referees/supervisor in processing this application.

 I understand that, should I be accepted as a member of APCP, I am required to engage in a minimum of **30 hours** professional development training (CPD) as a pre- accredited counsellor of APCP and that this requires my attendance at a **minimum** of **one** APCP training days/events per annum for which relevant fees are payable.

**Applicants signature Date:**

**Section Seven**

 **References**

**7.1 Supervisors Reference**

**Please Note**: In writing up this report you are advised to consider the eligibility of the applicant in the context of APCP’s criteria for accreditation as a Supervisor, noted in *‘Information – APCP Criteria - at a supervisory level’*. This information is contained in the APCP Supervisor application form or, alternatively at [www.apcp.ie](http://www.apcp.ie).

As Supervisor, you are required to read the applicants completed application form and verify in so far as is possible, that all information entered by the applicant, including hours related to clinical practice and to supervision is correct. **(see applicants log for supervisory practice)**

You are also requested to check and to sign any copies of transcripts forwarded by the applicant, having seen the original copy or, in the event that a reflective journal is forwarded for application purposes, you are required to read and to vouch that experiences noted in the journal are reflected in work undertaken in supervisory practice.

***Supervisory References should not be provided by a spouse, partner or relative***

**7.1.1 Applicants Personal Details**

Name

Business/home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7.1.2. Personal Details of the Supervisor to the applicant**

Name

Business/home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Details regarding Supervisors Accrediting Association**

|  |
| --- |
| **APCP Members Only** |
| APCP Membership Number |  |
| APCP Accredited Supervisor(please tick as appropriate) | Yes | No |
| Date of Supervisor Accreditation |  |  |
| Date & period of current supervisor accreditation | From | To |
| **Non APCP members** |
| Name & address of Association with whom you are accredited |  |
| Membership number |  |
| Date of supervisor Accreditation. |  |
| Date & period of current supervisor accreditation | From | To |

**Supervisors Qualifications in Counselling/Psychotherapy**

|  |  |
| --- | --- |
| Course Title |  |
| Dates of Training | From | To |
| Date of successful completion |  |
| Qualification, diploma, Degree, Masters (please state) |  |
| Hetac (please tick the relevant box) | Yes | No |
| Modality e.g. CBT, Gestalt, Integrative, etc |  |

|  |  |
| --- | --- |
| Course Title |  |
| Dates of Training | From | To |
| Date of successful completion |  |
| Qualification, diploma, Degree, Masters (please state) |  |
| Hetac (please tick the relevant box) | Yes | No |
| Modality e.g. CBT, Gestalt, Integrative, etc |  |

**Supervisors Qualifications in Supervision**

|  |  |
| --- | --- |
| Course Title |  |
| Dates of Training | From | To |
| Date of successful completion |  |
| Qualification, diploma, Degree, Masters(please state) |  |
| Hetac (please tick the relevant box) | Yes | No |
| Please State Modality of Supervision  |  |

**7.2.3 Your Recommendation** (Please answer the following questions)

|  |
| --- |
| 1. How long have you been supervising the applicant as a trainee supervisee?
 |
|  |

|  |
| --- |
| 1. What do you believe are the particular strengths/ qualities this applicant brings to the field of counselling/psychotherapy at a supervisory level?
 |
|  |

|  |
| --- |
| 1. Do you recommend the applicant as a suitable candidate for working in the profession as a supervisor.

  |

|  |
| --- |
| 1. Do you know the applicant in any other capacity than that of client? (if yes, please specify).
 |

**7.1.4 Supervisor declaration**

**With regard \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_application I wish to confirm the following**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| *(Please tick as appropriate)* |
| I have read and understand the requirements of membership of APCP at a supervisory level and recommend the applicant noted above as a suitable candidate  |  |  |  |
| I confirm that I have read and signed information required relating to clinical practice undertaken as noted in appendix 1 & 2. These are accurate and complete to the best of my knowledge and belief. |  |  |  |
| I confirm I have read the applicants **reflective journal** and believe it is an accurate reflection of the applicants personal work as a trainee supervisee |  |  |  |
| I confirm that I have seen the original educational certificates forwarded to support this application and have signed a copy of same to verify this. |  |  |  |

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

**Please forward to:**

**Via email to** **chris.garry@apcp.ie****,**

**Association of Professional Counsellors & Psychotherapists in Ireland, Innovation Works, National Technology Park, Co. Limerick.**

**7.2 Professional Reference**

**For Applicants seeking accreditation as APCP Supervisors -**

**Please Note**: In writing up this reference you are advised to consider the eligibility of the applicant in the context of APCP’s criteria for accreditation as a Supervisor, noted in *‘Information – APCP Criteria - at a supervisory level’*. This can be found on page 2 & 3 of the Supervisors Application Form, or alternatively at [www.apcp.ie](http://www.apcp.ie).

***Please note: Professional references should not be provided by a spouse, partner or relative.***

In providing a professional reference for the applicant, you are asked to vouch for their character, work practices and suitability to work as a Supervisor in the field of counselling/psychotherapy. In this regard it is expected that you have known the applicant for a minimum of two years, preferably in a professional capacity.

**7.2.1 Personal Details on Applicant**

|  |  |
| --- | --- |
| Applicants Name  |  |
| Business/home address  |  |
| Telephone No  |  |
| Email Address  |  |

**7.2.2 Your Personal Details**

|  |  |
| --- | --- |
| Your name as a professional referee |  |
| Business/home address  |  |
| Telephone No  |  |
| Email Address  |  |

**7.2.3 Your Recommendation** (Please answer the following questions)

|  |
| --- |
| 1. In what capacity do you know the applicant?
 |
|  |

|  |
| --- |
| 1. How long have you known the applicant?
 |

|  |
| --- |
| 1. What do you believe are the particular strengths/ qualities this applicant brings to the field of counselling/psychotherapy at a supervisory level?

  |

|  |
| --- |
| 1. Do you recommend this applicant as a suitable candidate to work with both clients and with counsellors/psychotherapists.
 |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Referee Date

**Please forward to:**

**Via email to** **chris.garry@apcp.ie**

**Summary of Evidence Required**

|  |  |
| --- | --- |
| ***Application supported by a HETAC qualification in Supervision*** | ***Application supported via a reflective journal based on personal practice in supervision*** |
| * A copy of an Academic award in supervisory practice
* Supervisory reference. (see section 7.1)
* Professional reference (see section 7.2)
* Logs for supervisors To download see APCP.ie or email info@apcp.ie
* Copy of insurance policy
 | * A copy of an Academic award in supervisory practice
* Supervisory reference. (see section 7.1)
* Professional reference (see section 7.2)
* Logs for supervisors To download see APCP.ie or email info@apcp.ie

Copy of insurance policy* Reflective journal as per section four
* A cheque for €300 to cover cost of assessment.
 |
|   |  |
| * All applicants must ensure their supervisor forwards evidence of their professional and academic qualifications where they are not accredited with APCP
 |

 **Please forward your application by email clearly marking each attachment with your name.**

**Email to** **chris.garry@apcp.ie**