

**Addiction Counsellors of Ireland CLG**

# Clinical Supervisor’s Report for Accredited Clinical Supervisor Application

## PRIVATE & CONFIDENTIAL

**Please note**

Having read the applicant’s completed Clinical Supervision application form & Addiction Counsellors of Ireland Supervision Information Sheet, please complete & return this report to the Supervisor Co-ordinator, Addiction Counsellors of Ireland Supervision Committee.

1. **CLINICAL SUPERVISOR PERSONAL DETAILS**

*The Supervisor must fulfil the requirements of Addiction Counsellors of Ireland for the supervision of its members in Supervisor categories*

**a) Name**

**b) Address**

**c) Tel.**

1. **Qualification/s**

**in counselling**

1. **Qualification/s**   **in supervision**
2. **Experience in**

**Counselling**

**g) ACI Yes**   **No**

**Supervisor**

1. **Date of Accreditation with ACI**

1. **How many years are you accredited as a Counsellor with ACI ? (Minimum requirement 5 years).**

1. **How many years have you been continuously working as a Counsellor?**

1. **Outline your training in Clinical Supervision: name of supervision training course undertaken.** Please attach:

i) Copy of Certificate on completion of training course

ii) Copy of Course Syllabus.

1. **Outline your experience in Clinical Supervision of Counselling ie. individual, peer & group.**

1. **Main area of your work**

1. **APPLICANT PERSONAL DETAILS** 
   1. **Name**
   2. **Address**

* 1. **Tel.**

1. **CLINICAL SUPERVISION CONTRACT**

**a) Individually: From**   **To**

**In a group: From**   **To**

1. **Please indicate the nature of your supervisory contract with the applicant:-**

**Private Practice 🞏 Organisation 🞏 Other 🞏**

1. **Does your contract include clinical supervision of the applicant’s supervision work?**

1. **Have you any formal or statutory responsibility for the counselling/supervision work of the applicant? ie. evaluation/reports.**

1. **METHOD OR MODEL OF SUPERVISION**

What method or model of supervision do you use with this applicant (e.g. case notes/ review of session/ counselling in presence of supervisor, use of video tape recording etc). Please give details.

1. **How long are the sessions?**

1. **What is the average number of supervision hours per year with the applicant?**

**Group Supervision**

1. **How often do you meet the applicant for group supervision?**

**Weekly**   **Fortnightly**   **Monthly**

1. **How long are the sessions?**

1. **How many members are there in the group?**

1. **How often does the applicant present his/her work?**

**6. SUITABILITY OF THE APPLICANT**

1. **Do you consider that the applicant has a sufficient range of knowledge and experience to be able to supervise counsellors from a variety of theoretical models & approaches?**

1. **Do you believe the applicant is committed to on-going personal development & development of professional skills?**

1. **Is there any reason why, to your knowledge or in your opinion, the applicant should not be accredited as a Supervisor?**

1. **Any other comments?**

**I confirm that I have read the applicant’s completed form which is, to the best of my knowledge correct.**

**Signed**   **Date**

**CHECKLIST**

* Certification as requested.
* Syllabus of training course undertaken.
* Supervisor application form reviewed.
* Professional Indemnity Insurance.

**PLEASE RETURN COMPLETED FORMS TO:-**

**Clinical Supervisor Co-ordinator ACI,**

**Denshaw House,**

**120/121 Baggot Street Lower,**

**Dublin 2.**

**Email:** [**info@addictioncounsellors.ie**](mailto:info@addictioncounsellors.ie)

**Phone: 01 7979187**