

PRIVATE & CONFIDENTIAL

ADDICTION COUNSELLORS OF IRELAND ACCREDITED MEMBERSHIP **CLINICAL SUPERVISOR'S REPORT for ADDICTION WORKER SUPERVISOR**

Please note: Having read the applicant's completed application form and the Addiction Counsellors of Ireland Supervision Information Sheet, please complete & return this report to the Accreditation 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

Name _____

Address _____

Phone _____

Email _____

Qualification/s in counselling

Qualification/S in supervision

Experience in Counselling

ACI Supervisor Yes No

Date of Accreditation with ACI _____

How many years are you accredited as a Counsellor with ACI? (minimum requirement 5 years)

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

Outline your training in Clinical Supervision, name of supervision training course undertaken and please include:

- Copy of Certificate on completion of training course
- Copy of Course Syllabus

Outline your experience in Clinical Supervision of Counselling i.e. individual, peer and group

Main area of your work

2. APPLICANT PERSONAL DETAILS

Name _____

Address _____

Phone _____

Email _____

3. CLINICAL SUPERVISION CONTRACT

Individually: From _____ To _____

In a group: From _____ To _____

Please indicate the nature of your supervisory contract with the applicant:

Private Practice

Organisation

Other

Does your contract include clinical supervision of the applicant's supervision work?

Have you any formal or statutory responsibility for the supervision work of the applicant? i.e. evaluation/reports.

4. METHOD OR MODEL OF SUPERVISION

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

How long are the sessions?

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

Group Supervision

How often do you meet the applicant for group supervision?

Weekly _____ Fortnightly _____ Monthly _____

How long are the sessions?

How many members are there in the group?

How often does the applicant present his/her work?

5. SUITABILITY OF THE APPLICANT

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

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

Is there any reason why, to your knowledge or in your opinion, that the applicant should not be accredited as an Addiction Worker Supervisor?

Any other comments?

Checklist:

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

I confirm that I have read the applicant's completed form which is, to the best of my knowledge correct:

Signed _____ Date ____ / ____ / ____

Please return completed forms to:

- Addiction Counsellors of Ireland, Accreditation Committee, Denshaw House, 120/121 Baggot Street Lower, Dublin 2
- info@addictioncounsellors.ie