

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland

SUPERVISORS REPORT for ACCREDITED MEMBERSHIP

Notice to Supervisor: You are advised to read the applicant's completed application form and the Addiction Counsellors of Ireland Code of Ethics and Practice for Counsellors prior to completing this form

1. CLINICAL SUPERVISOR'S PERSONAL DETAILS

Name _____

Address _____

Contact No. _____

Email _____

Qualifications _____

Supervisors Accrediting Body _____

Counselling Experience _____

Experience as a Supervisor _____

2. APPLICANT'S PERSONAL DETAILS

Name _____

Address _____

3. How long have you been supervising the applicant? It is essential that the Supervisor has been supervising the applicant for a minimum of 12 months prior to writing of report

Individually from _____ to _____

In a group from _____ to _____

4. How often do you meet the applicant for supervision?

Weekly Fortnightly Monthly

Length of session?

1 hour 1½ hours 2 hours

5. What is the method/model of your supervision? (e.g. Case notes/review of sessions/counselling in presence of supervisor/use of video tape recording etc.)

6. Do you consider the applicant has sufficient training and experience for accreditation as a counsellor?

7. Do you consider the applicant has sufficient self-knowledge and discipline to be an able and responsible counsellor?

8. Do you consider the applicant is a competent counsellor?

9. What do you consider makes the applicant a competent counsellor?

10. Are you satisfied that the applicant will counsel in accordance with ACI Code of Ethics and Practice?

11. Do you believe the applicant is committed to on-going personal development?

12. Is there any reason, in your opinion, why the applicant should not be accredited by ACI or have their membership renewed at this time?

13. Any other comments?

Signature of Clinical Supervisor

I confirm that I have read the applicant's application for Accreditation / Renewal of Accreditation. It is, to the best of my knowledge, accurate.

Signed _____

Date ____ / ____ / ____

Signature of Applicant

I confirm that my Supervisor has discussed this application with me

Signed _____

Date ____ / ____ / ____