

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland

CLINICAL SUPERVISORS REPORT for CLINICAL SUPERVISOR ACCREDITED MEMBERSHIP

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'S PERSONAL DETAILS

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

Name _____

Address _____

Contact No. _____

Email _____

Qualifications in counselling _____

Qualifications 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.

Please attach:

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

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

Main area of your work

2. APPLICANT'S PERSONAL DETAILS

Name

Address

Contact No.

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 counselling / 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 / counselling in presence of supervisor, 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?

5. GROUP SUPERVISION

How often do you meet the applicant for group supervision?

Clinical Supervisors Report for Clinical Supervisor Accreditation

Weekly Fortnightly Monthly

How long are the sessions?

How many members are there in the group?

How often does the applicant present in their work?

6. SUITABILITY OF THE APPLICANT

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?

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, the applicant should not be accredited as a Supervisor?

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 ____ / ____ / ____

PLEASE RETURN COMPLETED FORMS TO:

Addiction Counsellors of Ireland
Clinical Supervisor Coordinator
Denshaw House
120 / 121 Baggot St.
Dublin 2
D02 FD45

info@addictioncounsellors.ie

Checklist

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