

PRIVATE & CONFIDENTIAL
Addiction Counsellors of Ireland CLG

SUPERVISOR'S REPORT FOR ADDICTION WORKER SUPERVISOR

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

a) Name _____

b) Address _____

c) Phone _____

d) Qualification/s in Counselling

e) Qualification/s in Supervision

f) Experience in Counselling

g) ACI Supervisor? Yes No

h) Date of Accreditation with ACI

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

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

k) Outline your training in Clinical Supervision: name supervision training course undertaken and please attach

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

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

m) Main area of your work

2. APPLICANT PERSONAL DETAILS

- a) Name _____
- b) Address _____

- c) Phone _____

3. CLINICAL SUPERVISION CONTRACT

- a) Individually: From _____ To _____
- In a group: From _____ To _____

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

Private Practice Organisation Other

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

d) 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.

a) How long are the sessions?

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

5. GROUP SUPERVISION

a) How often do you meet the applicant for group supervision?

Weekly Fortnightly Monthly

b) How long are the sessions?

c) How many members are there in the group?

d) How often does the applicant present his/her work?

6. SUITABILITY OF THE APPLICANT

a) 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?

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

c) Is there any reason why, to your knowledge or in your opinion, the applicant should not be accredited as a Supervisor for Addiction Workers?

d) 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 / /

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