

# ACCORD CLG | ACCORD NI | ACCORD DUBLIN

## APPLICATION FORM FOR REGISTRATION AS AN EXTERNAL SUPERVISOR

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### COUNSELLING/PSYCHOTHERAPY QUALIFICATIONS

**1. List Details of Counselling/Psychotherapy Training completed:**

(N.B. Please provide copies of relevant certificates)

Institution/Organisation	Start date	End date	Qualification Obtained

**2. Give details of Counselling/Psychotherapy Training including modalities studied:**

## COUNSELLING/PSYCHOTHERAPY EXPERIENCE

### 3. Give details of counselling experience to date:

(Please include number of years' experience and proportion of experience in relation to working with individuals and couples)

### 4. Name of Professional/Regulating body which accredits your work as a Counsellor/Psychotherapist.

(N.B. Please provide copy of certificate of accreditation with professional body)

### 5. Do you have a supervised client case load at present?

(If yes, please include details)

## SUPERVISION

### 6. Name and Address of Current Supervisor:

6.1 How long have you been in supervision with your current supervision?

Years: \_\_\_\_\_ Months: \_\_\_\_\_

6.2 If you have been in supervision with your current supervision for **less than 1 year**, please indicate name and address of your previous supervisor:

## SUPERVISION QUALIFICATIONS

### 7. List Details of Supervision Qualifications

(N.B. Please provide copies of relevant certificates)

Institution/Organisation	Start date	End date	Qualification Obtained

(N.B. Please provide copy of current certificate of accreditation with professional body/ies)

### 8. Give details of Supervisory work to date:

(Please outline supervisory experience, indicating proportion of work dealing with counsellors working with individuals and with couples)

### 9. Outline the theoretical model/s of Supervision you use in your work.

### 10. Which professional body/ies accredit you as a Supervisor

(Name/s and dates of current accreditation)

## COUPLES COUNSELLING & ONLINE COUNSELLING QUALIFICATIONS

### 11. Training and Experience in Couples Counselling

(N.B. Please provide copies of relevant certificates)

Institution/Organisation	Start date	End date	Qualification Obtained

#### Give details of Couples counselling/supervision work to date:

(Please outline supervisory experience, indicating proportion of work dealing with counsellors working with individuals and with couples)

### 12. Training and Experience in Online Counselling/Supervision

(N.B. Please provide copies of relevant certificates):

Institution/Organisation	Start date	End date	Qualification Obtained

#### Give details of Online counselling/supervision work to date:

(Please outline supervisory experience, indicating proportion of work dealing with counsellors working with individuals and with couples)

## INSURANCE

13.1 Do you have Professional Indemnity Insurance?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

13.2 Do you have Public Liability Insurance?      Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please email completed form accompanied by electronic copies of **relevant certificates** to:

**Breda Landy Horgan, ACCORD Central Office,  
Columba Centre, Maynooth, Co Kildare**

[bhorgan@accord.ie](mailto:bhorgan@accord.ie)

Thank you for your interest in supervising ACCORD counsellors.