

ACCORD

APPLICATION FORM FOR EXTERNAL SUPERVISORS

(to be included on the register of External Supervisors approved by ACCORD)

Name: _____

Address: _____

Tel: Home: _____ Work: _____ Mobile: _____

Email: _____

COUNSELLING/PSYCHOTHERAPY QUALIFICATIONS

1. List Details of Counselling/Psychotherapy Training completed:

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

Institution/Organisation	From	To	Qualification Obtained

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

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. As a Counsellor/Psychotherapist what Professional/ Regulating Body are you accredited with?

Please State:

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

5. Do you currently have a supervised client case load?

(Please include details)

SUPERVISION

6. Name and Address of Current Supervisor:

6.1 How long have you been in S/V with this person

Years	Months

6.2 If you have been in S/V with the above named person for less than 1 year, please indicate name and address of previous supervisor/s

SUPERVISION QUALIFICATIONS

7. List Details of Supervision Qualifications

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

Institution/Organisation	From	To	Qualification Obtained

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. What theoretical model/s of Supervision do you work from?

10. As a Supervisor what Professional/Regulating Body are you accredited with?

Please State:

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

Insurance

11. Do you have Professional Indemnity Insurance?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

11.1 Do you have Public Liability Insurance?

If yes, please state Name of Insurer (Insurance company - not broker):
(N.B. Please enclose copy of certificate)

Signed: _____

Date: _____

Please return completed form and copies of relevant certificates to:
**Breda Landy Horgan, ACCORD Central Office,
Columba Centre, Maynooth, Co Kildare**

Thank you for your interest in supervising ACCORD counsellors
