**Supervisor report**

**Guidance for the Supervisor**

A Supervisor Report is required as part of the application for accreditation. As a nominated Supervisor you’ll need to confirm the supervision arrangements. Prior to completing the report, you should read the case material, which should be a typical example of the applicant’s client work.

When you have completed your report, please email it to us at [accreditation@bacp.co.uk](mailto:accreditation@bacp.co.uk) from your own email address.

If the applicant is posting their application to us, please sign a copy of the report and return it to the applicant.

We may contact you as part of the assessment procedure.

**BACP fair processing notice**

The information you provide in this form is required to process a member’s accreditation application. Only our accreditation team will have access to this information while the application is being processed, after which, it will be removed from our systems.

You will have the right to access the information you have provided as well as the other rights afforded to you under data protection laws.

You may withdraw your report at any point and request for the information to be destroyed.

To find out more about the way we look after personal data please see the BACP privacy notice (www.bacp.co.uk/privacy-notice/)

If you have any questions about your report, please contact us on **01455 883300.**

**Thank you for your time and commitment to the accreditation process**

**Part A: Applicant’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s membership number: | 0 | 0 | Click or tap here to enter text. |

**Part B: Supervisor’s details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your name: Click or tap here to enter text. | | | | |
|  | | | | |
| Daytime phone number: Click or tap here to enter text. |
|  |
| Email address: Click or tap here to enter text. |
|  | | | | |
| Profession or occupation: Click or tap here to enter text. | | | | |
|  | | | | |
| Professional body: Click or tap here to enter text. | | | | |
|  | | | | |
| Your membership number: Click or tap here to enter text. | | | | |
|  | | | | |
| Please give your qualifications and experience as a supervisor and practitioner: Click or tap here to enter text. | | | | |
|  | | | | |
| Is there any professional (for example, line-management responsibility) or personal relationship between you and the applicant, other than for the purpose of this supervision? | **Yes** |  | **No** |  |
|  | | | | |
| If yes, please give details: Click or tap here to enter text. | | | | |

**Part C: The supervision contract**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What supervision arrangement do you have with the applicant (tick all that apply) | | | | | |
| individual | |  | | | |
| peer | |  | | | |
| group | |  | | | |
|  | | | | | |
| Please complete a section for the arrangement / *all* arrangements that you have indicated above. | | | | | |
|  | | | | | |
| **Individual supervision** | | | | | |
| Contract start date: Click or tap here to enter text. | | | | End date: (If still current, write ‘on-going’.) Click or tap here to enter text. | |
|  | | | | | |
| Contracted frequency of sessions: | | | | | |
| weekly |  | | | | |
| fortnightly |  | | | | |
| monthly |  | | | | |
|  | | | | | |
| Contracted length of sessions: Click or tap here to enter text. | | | | | |
|  | | | | | |
| **Peer supervision** | | | | | |
| How many peer members are there? Click or tap here to enter text. | | | | |  |
|  | | | | | |
| Contract start date: Click or tap here to enter text. | | | | End date: (If still current, write ‘on-going’.) Click or tap here to enter text. | |
|  | | |  | | |
| Contracted frequency of sessions: | | | | | |
| weekly |  | | | | |
| fortnightly |  | | | | |
| monthly |  | | | | |
|  | | |  | | |
| Contracted length of sessions: Click or tap here to enter text. | | | | | |
|  | | |  | | |

|  |  |  |
| --- | --- | --- |
| **Group supervision** | | |
| How many supervisees are contracted to attend this group? Click or tap here to enter text. | | |
| Contract start date: Click or tap here to enter text. | | End date: (If this supervision arrangement is still current, write ‘on-going’ for the end date.) Click or tap here to enter text. |
|  | | |
| Contracted frequency of sessions: | | |
| weekly |  | |
| fortnightly |  | |
| monthly |  | |
|  | | |
| Contracted length of sessions: Click or tap here to enter text. | | |

**Part D: Supervisor declaration**

|  |  |
| --- | --- |
| Please tick the appropriate box and complete as applicable: | |
|  | |
| I have supervised all the case material (criterion 9) that the applicant has provided for this application |  |
| or | |
| I have supervised part of the case material (criterion 9) that the applicant has provided in this application |  |
|  | |
| Please state which part: Click or tap here to enter text. | |
|  | |
| or | |
| I did not supervise any of the case material (criterion 9) the applicant has provided in this application |  |

**: Your supervision of the applicant’s work**

|  |
| --- |
| As the applicant’s Supervisor, what is your understanding of the applicant’s theoretical orientation as applied to their work?  Click or tap here to enter text. |

|  |
| --- |
| What is the applicant’s understanding of the BACP Ethical Framework for the Counselling Professions?  Click or tap here to enter text. |
|  |
| How does the applicant’s work reflect their awareness of the BACP Ethical Framework for the Counselling Professions?  Click or tap here to enter text. |

|  |
| --- |
| Please comment on the applicant’s use of supervision in general **and** to the case material provided (if you have supervised this work).  Click or tap here to enter text. |
|  |
| What action – as agreed with the applicant – would you take if either of you were concerned that the work might exceed the limits of their competence?  Click or tap here to enter text. |

|  |
| --- |
| What action would you take to protect the applicant’s clients if the standard of their work was poor at any time?  Click or tap here to enter text. |
|  |
| Any additional comments from Supervisor or Applicant:  Click or tap here to enter text. |

**Part F: Signatures**

e-signatures are accepted if the report is emailed to us by the Supervisor.

|  |  |  |
| --- | --- | --- |
| Applicant’s signature: Click or tap here to enter text. |  | Date: Click or tap here to enter text. |
|  | | |
| Supervisor’s signature: Click or tap here to enter text. |  | Date: Click or tap here to enter text. |

28/4/2020