

## **APPLICATION FORM FOR ENTRY TO THE UKCP DIRECTORY OF SUPERVISORS via the Constructivist and Existential College**

For this application to be considered you must:

- be a fully paid up member of the UKCP and of the SEA
- have at least 5 years' experience of work with clients as a psychotherapist and the equivalent of approx. 1600 hours. At least 3 years of this experience must be post UKCP registration and you must have undertaken a supervision course (minimum of 30 hours) relevant to psychotherapy and counselling
- have provided 50 hours of supervision post-registration
- have supervision of supervision

### **SECTION 1: PERSONAL DETAILS**

Please provide the following:-

Full name and title and any other names under which you have practised psychotherapy.

Home address, telephone number and email.

Practice / Company Name(s) under which you operate.

Practice / Work address, telephone number and email (if different from home address).

The name, address, telephone number, email and web site address you wish to be published in the UKCP Directory.

### **SECTION 2: ACCREDITATION, REGISTRATION and EXPERIENCE AS A PSYCHOTHERAPIST**

2.1 Are you currently a UKCP registered Psychotherapist?

YES/NO If NO, please give details

2. 2.2 Please provide the first date (month/year) you were registered with UKCP.

3. 2.3 Do you have a minimum of 3 years' experience as a UKCP Registered Psychotherapist AND have undertaken supervision training? (minimum 30 hours)

YES/NO

**SECTION 3: SUPERVISORY EXPERIENCE**

3.1 Have you provided 50 hours of supervision post-registration (50% or more of this should be one-to-one supervision. Peer supervision does not count).

Please indicate the total number of hours of supervision each year in the categories listed to demonstrate how you meet this criteria.

<b>CLINICAL SUPERVISION OF REGISTERED/ACCREDITED PSYCHOTHERAPISTS/COUNSELLORS/PSYCHOTHERAPEUTIC COUNSELLORS</b>				
<b>Year</b>	<b>No of hours</b>	<b>Individual or group - state no. in group</b>	<b>Setting, eg. face-to-face, telephone</b>	<b>Clinical context, eg organisation, agency, client group</b>
<b>SUPERVISION OF TRAINEES</b>				
<b>Year</b>	<b>No of hours</b>	<b>Individual or group - state no. in group</b>	<b>Setting, eg. face-to-face, telephone</b>	<b>Clinical context, eg organisation, agency, client group</b>

<b>CLINICAL SUPERVISION OF OTHER PROFESSIONALS</b>				
<b>YEAR</b>	<b>No of hours</b>	<b>Individual or group - state no. in group</b>	<b>Setting, eg. face-to-face, telephone</b>	<b>Clinical context, eg organisation, agency, client group</b>

3.2 Have you been in supervision for the practice of your supervision? (separate from client case supervision and not including peer supervision)

Please note that this declaration must be signed by both you and your Supervisor for Supervision of Supervision.

**SECTION 4: SUPERVISOR TRAINING and DEVELOPMENT**

Please give details of any training you have received in supervision:

Name of course:

Trainer(s)/ Training Organisation:

Validated by:

Length of training:

Please enclose any copies of certificates of supervision courses you have completed.

Please provide details of CPD activities, over the last 3 years, which relate to supervision.

## APPLICANT DECLARATION

Please, read the following carefully before signing and dating below.

I declare that I have personally prepared all the information in this application.

I also declare that the information supplied on this application is true and accurate and that I have not omitted or disguised any information which may be relevant to my application.

I understand that if I am in breach of any of these declarations my application may be subsequently withdrawn.

I confirm that I have no outstanding complaint against me which is relevant to my work as a supervisor.

I confirm that I will inform the SEA & the CEC Chair *immediately* should a criminal charge be brought against me; or a complaint be made about me to any other UKCP section or professional body.

I confirm that I have insurance cover for the activity of supervision (please attach a photocopy of your current insurance certificate).

I adhere to the Code of Ethics and Practice for the Supervision of Psychotherapists and Counsellors and understand that I am, therefore, subject to a complaints procedure.

Signed..... (applicant)

Date.....

Signed..... (applicant's supervisor)

Date.....