

**Supervisor’s Report**

**Pre-Accreditation**

Notice to Clinical Supervisor: *You are advised to read the applicant’s completed application*

*form and Addiction Counsellors of Ireland Code of Ethics prior to completing this form.*

**CONFIDENTIAL**

**1. Clinical Supervisor’s Personal Details:**

1. Name
2. Address

1. Phone No.
2. Qualifications:
3. Supervisor’s Accrediting

Body

1. Counselling

 Experience

1. Experience as

Supervisor

**2. Applicant’s Personal Details: Pre Accreditation**

1. Name
2. Address

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**3. How long have you been supervising the applicant?**

 i. Individually: From: To:

 ii. In a group: From: To:

1. **How often do you meet the applicant for supervision?**

(a) Weekly (b) Fortnightly (c) Monthly

Length of session?

(a) 1 hour (b) 1½ hours (c) 2 hours

1. **What is the method/model of your supervision? (e.g. Case notes/review of sessions/counselling in presence of supervisor/use of video tape recording etc.)**

1. **Do you consider the applicant has sufficient training and experience for pre accreditation as a counsellor?**

1. **Do you consider that the applicant has sufficient self-knowledge and discipline to be an**

**able and responsible counsellor?**

1. **Do you consider the applicant has shown competency and necessary skills to counsel?**

1. **What do you consider makes the applicant a competent counsellor?**

1. **Are you satisfied that the applicant will counsel in accordance with ACI Code of Ethics**

**and Practice?**

1. **Do you believe the applicant is committed to on-going personal development?**

1. **Is there any reason, in your opinion, why the applicant should not be pre accredited by ACI or Membership renewed at this time?**

1. **Any other comments?**

 **Signature of Clinical Supervisor:**

I confirm that I have read the applicant’s application for accreditation/pre-accreditation/renewal of accreditation. It is, to the best of my knowledge, accurate.

 **Signed:**

 **Date:**

**Signature of Applicant:**

**Signed:**

 **Date:**