

**Addiction Counsellors of Ireland**

**Clinical Supervisors Report**

**Accredited Membership**

Notice to Clinical Supervisor

*You are advised to read the applicant’s completed application form and Addiction Counsellors of Ireland CLG Code of Practice prior to completing this form.*

**CONFIDENTIAL**

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

1. Name
2. Address

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

Bodies

1. Counselling

 Experience

1. Experience as Clinical

Supervisor

**2. Applicant’s Personal Details: Full Membership**

1. Name
2. Address

**3. How long have you been supervising the applicant? (It is essential that the supervisor has been supervising the applicant for a minimum of 12 months prior to writing of report) if the applicant is applying for accredited membership.**

 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 enough training and experience for accreditation as a counsellor?**

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

**competent and responsible counsellor?**

1. **Do you consider the applicant is a competent counsellor?**

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

1. **Are you satisfied that the applicant will counsel in accordance with Addiction Counsellors of Ireland CLG Code of Ethics?**

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 accredited by Addiction Counsellors of Ireland CLG or Membership renewed at this time?**

1. **Any other comments?**

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

**Signature of Supervisor**

 **Signed:**

 **Date:**

**Signature of Applicant**

**I confirm that my Supervisor has discussed this application with me.**

**Signed:**

**Date:**