

**Dublin Counselling and Therapy Centre**  
**Professional Diploma in Supervision 2018**

**Application Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

**Your Background as Psychotherapist/Counsellor**

1. How long have you been practising? \_\_\_\_\_
2. What is your mode of practice \_\_\_\_\_
3. Who are you accredited by? and when? \_\_\_\_\_
4. Where did you do your training? \_\_\_\_\_

\_\_\_\_\_

**Your Background as Supervisor**

How long have you been supervising? \_\_\_\_\_

What training, if any, have you received in supervision? \_\_\_\_\_

\_\_\_\_\_

What supervision (or other support) do you receive as a supervisor? \_\_\_\_\_

\_\_\_\_\_

How many practitioners do you currently supervise? (Please distinguish between those supervised one-to-one and those given group supervision) \_\_\_\_\_

\_\_\_\_\_

In applying for a place on this course, I confirm my understanding that I will be in a position to participate in all the elements of assessment outlined in the Diploma Programme.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed application form with a deposit of €500 to:

The Administrator  
Dublin Counselling and Therapy Centre  
41 Upper Gardiner Street, Dublin 1