

Dublin Counselling and Therapy Centre

Professional Diploma in Supervision 2020

Application Form

Name _____

Address _____

Telephone: Home _____ Work _____ Mobile _____

Email _____

Your Background as Psychotherapist/Counsellor

1. How long have you been practising since accreditation? _____

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 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 and Supervisor Reference Form with a deposit of €500 to:

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

Dublin Counselling and Therapy Centre

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Supervisor Reference

(to be completed and signed by your current supervisor)

Name of Supervisor: _____

Name of Supervisee/Applicant: _____

Length of supervisory relationship to date _____

Frequency of supervision sessions: _____

In considering your supervisee's application to undertake this training, do you believe s/he:

- has the potential to form a supervisory relationship? YES NO
- is committed to the role of supervisor? YES NO
- is committed to their ongoing professional development? YES NO
- will be able for the course's academic & professional demands? YES NO
- has the ability to be self-reflective and evaluative and to give and receive constructive feedback? YES NO

Bearing these considerations in mind, do you support your supervisee's application to be offered a place on this supervision training course? YES NO

If you are supporting your supervisee's application, please give them this completed reference form which should accompany their application form when it is being submitted to Dublin Counselling & Therapy Centre. A supportive supervisor reference does not automatically ensure a place for the applicant on the training course.

Supervisor's signature: _____ Date: _____