



CRITERION 4

CURRENT SUPERVISOR'S REPORT

GUIDELINES FOR SUPERVISEES

This report must come from your current supervisor who is an accredited member of a recognised professional organisation preferably Cognitive Behaviour Therapy. The accreditation committee may wish to see evidence of the supervisor's competence to offer supervision

Applicant's Name:

Supervisors Name:

Title: Mr, Mrs, Miss, Ms, Dr. (Please underline)

Address:

Telephone:

Email:

Profession:

Job Title:

Employment Position:

Professional Body of which you belong to:

Supervisors CBT Experience

GUIDELINES FOR SUPERVISOR

CBPI is an organisational member of the Cognitive Behavioural Section of the Irish Council for Psychotherapy (ICP), which aims to monitor the standards of those persons calling themselves psychotherapists.

The supervisors report must address principally 3 issues: The client-therapist relationship, the practice of cognitive behaviour therapy and the frequency, duration and nature of supervision keeping in mind criterion 3,4,& 5

It would be of help to the Registration Committee if supervisors commented on the following

The frequency, duration and nature of the supervision you provided (e.g. case discussion, therapy tapes, standardised skill measures).

The applicants understanding of the therapeutic relationship and his/her level of competence in the development, maintenance and ending of such relationships.

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The level of competence the applicant demonstrated in the practice of cognitive behavioural psychotherapy

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Would you recommend this applicant for registration at present? If not, give your reasons

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DECLARATION

In accordance with my code of practice I declare that all the information provided by me is accurate.

Name:

Date:

Supervisors Signature:

After completion return to the applicant in a sealed envelope with your signature across the seal