



CRITERION 2

TRAINING SUPERVISOR'S REPORT (PRE-ACCREDITATION)

GUIDELINES FOR SUPERVISEES

This report must come from your training supervisor who is an accredited member of a recognised CBT organisation and a practicing Cognitive Behaviour Therapist. The accreditation committee may wish to see evidence of your supervisor's competence to offer supervision

Applicant's Name:

Supervisors Name:Title: Mr, Mrs, Miss, Ms, Dr. (Please circle)

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 4 issues: The client-therapist relationship, the practice of cognitive behaviour therapy, reflective practice and the frequency, duration and nature of supervision.

It would be of help to the Accreditation 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.

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

Please comment on the nature of the reflective practice used by the applicant during training.

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

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