

SUPERVISION OF SUPERVISION REPORT

This report must come from a 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 the supervisor's competence to offer supervision.

Applicants Name:

Supervisors Details:

Full Name

Title

Mr Mrs Ms Miss Dr Prof

Profession

Address

This is the address used for CBPI correspondence

Employment Position

Telephone:

E-mail:

Accreditation Organisation of which you are a member:

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 standards of those persons calling themselves psychotherapists.

The supervisors report addresses principally 3 issues: The client-therapist relationship, the practice of cognitive behavioural psychotherapy and the frequency, duration and nature of supervision

Please give details of frequency, duration and nature of the supervision you provide (e.g. case discussion, therapy tapes, standardised skill measure).

The applicants understanding of the supervisory relationship and 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

Would you recommend this person for accreditation as a supervisor at present and if so why?

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

Supervisor's Name: _____ **Date:** _____

Supervisor's Signature: _____

After completion return to the applicant in a sealed envelope with your signature across the seal and return it to the applicant or if you prefer send it directly to

**CBPI Accreditation Committee
2, Winton House (The Lighthouse Clinic)
Miltonsfields
Dublin Road
Swords
Co Dublin
K67 KW54**

E: info@cbiti.ie