



CRITERION 2

TRAINING SUPERVISOR'S REPORT

The person below has applied to become accredited with Cognitive Behavioural Psychotherapy, Ireland as an Accredited Member/ Practitioner. Your assessment of the applicant's characteristics will enable CBPI to evaluate whether this applicant meets its standards.

NAME of Applicant for Full Accreditation	
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I, _____ (Applicant's Name) hereby authorise the person named below as the Supervisor during my CBT training period to provide the following information applicable to me as an applicant for accreditation with Cognitive Behavioural Psychotherapy, Ireland.

Applicant Signature: _____

Date: _____

GUIDELINES FOR SUPERVISOR MAKING THIS REPORT:

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.

CBPI sets and monitors standards for those wishing to become accredited as Cognitive Behavioural Psychotherapists. The reports from the Clinical Supervisor during Training about the Applicant's CBT Practice are an essential part of ensuring those standards.

CBPI values the Reference and appreciates an honest appraisal of the applicant.

It would be hoped as part of good practice that the reference has been shared with the applicant and any matters of concern will have been discussed with them.

Please be advised that this form and all personal information submitted by you will be treated in accordance with Data Protection legislation and is subject to the provisions made under right of access and therefore may lead to this Report being seen.

The applicant is responsible for obtaining the 'Training Supervisor's Report' from you and attaching it to their application, or letting you know when their application has been submitted.

The word "supervisor" or the related words "supervision", or "supervisee" as used in this document, refer only to the supervision of CBT psychotherapy.

CBT Clinical Supervision is not the same as professional or managerial supervision (although these may be provided by the same person as Clinical Supervision). Additionally, it should be noted that Clinical Supervision is something more than professional consultancy.

Thank you for assisting with this evaluation.

Notes to the Supervisor:

1. Please return this form to the applicant in an envelope with your signature over the seal closure. He or she will in turn pass on your sealed reference to us with the completed application.
2. This form should preferably be typed and not handwritten and completed, signed and dated within the last month prior to the submission date of the Accreditation Application.

The Supervisor writing this report must

1) **be a CBPI accredited member OR be qualified to reliably comment on the applicant’s current CBP Practice as an accredited member of a recognised Cognitive Behavioural Therapy professional association.**

2) **be a practicing Cognitive Behaviour Therapist**

- at least 50% of your current psychotherapeutic practice must be CBT and be receiving CBT-specific clinical supervision.
- the minimum caseload for maintaining Accreditation is one client user/ patient contact per week delivered using the CBT case-formulation approach, totalling to forty eight client contacts per year. This does not include clinical supervision, consultancy, training, authoring, research etc.

CBPI may wish to see evidence of the supervisor’s competence to offer supervision.

TRAINING SUPERVISOR'S DETAILS:						
Full Name						
Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr. <input type="checkbox"/>	Prof. <input type="checkbox"/>
Profession						
Address <small>This is the address used for CBPI correspondence</small>						
Employment Position						
Telephone:		E-mail:				
Accredited CBPI Practitioner YES <input type="checkbox"/> NO <input type="checkbox"/>		Accredited CBPI Supervisor YES <input type="checkbox"/> NO <input type="checkbox"/>				

If you are not a CBPI accredited Practitioner or Supervisor, please complete the below

Accreditation Organisation of which you are a member:	
Qualifications, Training in CBT	
Qualifications and Training in providing CBT Supervision	
Experience providing Supervision	
Supervisor's current CBT practice details	

TRAINING SUPERVISION	
Please indicate the time period for which you can attest to this applicant's CBT practice skills.	From _____ until _____. month/year month /year
Are you the Applicant's current CBT Clinical Supervisor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
What was the frequency and duration of the supervision arrangements?	Individual: Hours per month Group / Peer: Hours per month Number in group

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

The 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.

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:

(Electronic) By typing my name I am affixing my legal signature to the document and the legal effect cannot be denied simply because the signature is not in writing.

(Non-electronic) If filling out evaluation by hand, please sign.

CBPI authenticates reports received.

As part of good practice It would be hoped that the reference has been shared with the applicant and any matters of concern will have been discussed with them.

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After completion please return this form to the applicant in an envelope with your signature over the seal

Thank you for your assistance

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