



# Counsellors & Psychotherapists in Primary Care

Member Organisation of the Psychotherapeutic Counselling Section of UKCP

*Queensway House, The Queensway, Bognor Regis, West Sussex, PO21 1QT*

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Dear Supervisor,

## **Application for Renewal of Individual Membership of CPC, Supervisor's Form**

Your supervisee is an individual member of CPC and their membership is now due for renewal. CPC has introduced a report form to be completed by the individual's supervisor to confirm their on-going good practice.

Enclosed with this letter are a form to be completed by you and a copy of our Code of Ethical Principles.

The purpose of this form is to ensure that your supervisee practices to the requisite standards defined by CPC and to enable CPC to demonstrate that we have appropriate checks and balances in our application system.

Could you please complete the following and return it to the individual to send with their completed renewal form.

With thanks.

Yours sincerely,

*K Rose*

Katy Rose  
CPC Director

**CPC – RENEWAL OF INDIVIDUAL MEMBER’S APPLICATION –  
SUPERVISOR’S REPORT**

**TO BE COMPLETED BY YOUR SUPERVISOR AND RETURNED BY YOU WITH YOUR APPLICATION FORM**

CPC requires all practitioners renewing their individual membership to obtain a report from their Supervisor to confirm their ongoing good practice.

**I am satisfied that:**..... (your supervisee's name)

	<b>YES or NO</b>
Has a minimum of 1.5 hours equivalent individual supervision per month	
Practises to his/her level of training and competence	
To your knowledge their work is in accordance with the CPC Code of Ethical Principles (attached)	
Practises in a suitable environment for their private work	
Has clinical skills and knowledge appropriate to the setting:	
<input type="radio"/> Practice appropriately to their theoretical model	
<input type="radio"/> Have Assessment Skills	
<input type="radio"/> Have knowledge of Mental Health Problems	
<input type="radio"/> Have knowledge of Psychotropic Drugs	
<input type="radio"/> Maintain appropriate professional boundaries	

**Our Supervision Contract began on:**.....

Any further comments you wish to make.....

**I certify that to the best of my knowledge all the above statements are true.**

Signed.....

**Please Print:**

Your Name:	
Address:	
Professional Assoc Name:	Mbrship No:
Tel No:	Email:

To be returned to: CPC, Queensway House, Queensway, Bognor Regis, PO21 1QT  
**C, Queensway House, Queensway, Bognor Regis, PO21 1QT**