



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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Email: cpc@cpc-online.co.uk Website: www.cpc-online.co.uk

Dear Supervisor,

Application for Individual Membership of CPC, Supervisor's Form

We have received an application for individual membership of CPC from your supervisee. As part of their application we require evidence from the applicant's supervisor concerning their clinical practice.

Enclosed with this letter are a form to be completed by you, a copy of our individual membership criteria 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 to the NHS that we have appropriate checks and balances in our application system.

This form only relates to the work undertaken by your supervisee in the NHS context.

Could you please complete and return the following questionnaire.

With thanks.

Yours sincerely,

Joan Foster
Chair

CPC - 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 applying for individual membership to obtain a report from their Supervisor to confirm their training, supervision and therapy statements as follows:

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

	YES or NO
Is trained and experienced to the standard required by CPC for Registered/Intermediate* membership (* delete as applicable)	
Has a minimum of 1.5 hours equivalent individual supervision per month	
Has had a minimum of 40 hours individual therapy (registered member only)	
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 primary care/NHS work	
Has clinical skills appropriate to the setting and requirements of primary care/NHS work: i.e.	
Knowledge of Psychotropic Drugs	
Assessment Skills	
Knowledge of Mental Health Problems	
Training in brief therapy OR	
Practical experience of brief therapy	

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