



Counsellors and Psychotherapists in Primary Care

*The Association of Counsellors and Psychotherapists
in Primary Care Ltd*

Queensway House, Queensway, Bognor Regis, West Sussex PO21 1QT Tel: 01243 870701 Fax: 01243 870702

Email: cpc@cpc-online.co.uk

Website: www.cpc-online.co.uk

President: Claire Rayner OBE

Patron: The Lord Alderdice

Patron: Michael Jacobs

Dear Supervisor,

Application for Supervisor Membership of CPC, Supervisor's Form

We have received an application for supervisor 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 that we have appropriate checks and balances in our application system.

Could you please complete and return the following questionnaire.

With thanks.

Yours sincerely,

Joan Foster
Chair

CPC – INDIVIDUAL SUPERVISOR’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 supervisor 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 supervision of their supervision	
Please enter number of supervision hours of supervision per month:	
Has had a minimum of 40 hours individual therapy (registered mbr 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)	
Has clinical skills appropriate to the setting, which may include:	
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: