

GUIDANCE FOR THE SUPERVISOR

Give this sheet to your Supervisor with the Supervisor Report form.

A **Supervisor Report** is required as part of the application for accreditation. As a nominated supervisor you should confirm the supervision arrangements. Prior to completing the report you should read the case material, which should be a typical example of the applicant's work with clients.

When you have completed your report, please give it to the applicant. They will sign it and send it to us with their application form. The applicant may also ask you to witness and verify their training certificate(s) to confirm they are authentic.

We may contact you as part of the assessment procedure.

If you have any questions about your report, please email us at admin@addictionprofessionals.org.uk or write to us at:

Addiction Professionals
Suite 277
8 Shoplatch
Shrewsbury
SY1 1HF.

Thank you for your time and commitment to the accreditation process

SUPERVISOR REPORT

Applicant's details

Accreditation applicant's name:

Applicant's membership number:									
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Supervisor details

Your name:

Address:

Daytime phone number:

Email address:

Profession or occupation:

Professional body:

Your membership number:

Please give your qualifications and experience as a supervisor and practitioner:
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NCAC Accreditation Scheme

Please outline in brief your method/model of supervision:

Is there any professional (for example, line-management responsibility) or personal relationship between you and the applicant, other than for the purpose of this supervision?

YES

NO

If yes, please give details:

The supervision contract

What supervision arrangement do you have with the applicant (tick all that apply)

- Individual | |
- Group | |
- Team | |
- Peer | |

Please complete a section for the arrangement / *all* arrangements that you have indicated above.

SUPERVISOR REPORT - continued

Individual supervision

Contract start date:	End date:
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Your contract with the applicant may be ongoing. If so, please write 'ongoing' where asked for an end date.

Contracted frequency of sessions:	
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Contracted length of sessions:	
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Group supervision/Team supervision

How many supervisees are in this group?	
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Contract start date:	End date:
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Contracted frequency of sessions:	
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Contracted length of sessions:	
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Peer supervision

How many peer members are there?	
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Contract start date:	End date:
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Contracted frequency of sessions:	
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Contracted length of sessions:	
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SUPERVISOR REPORT – continued

Supervisor Declaration

Please **tick** the appropriate box and complete as applicable:

I have supervised all the case material that the applicant has provided for this application

OR

I have supervised part of the case material that the applicant has provided in this application

Please state which part:

OR

I did not supervise any of the case material the applicant has provided in this application

Your supervision of the applicant's work

As the applicant's Supervisor, how would you evaluate the applicant's ability to put theory into practice?

SUPERVISOR REPORT – continued

Please indicate how effectively the applicant exercises their broader professional responsibilities towards the client, e.g. initial assessment, treatment planning, case management etc.

Does the applicant's work reflect his or her awareness of the Addiction Professionals Code of Practice?

Please comment on the applicant's use of supervision in general **and** in relation to the case material provided (if you have supervised this work).

Any additional comments from Supervisor or Applicant:

Signatures

Applicant's signature:

Date:

Supervisor's signature:

Date: