UK Association for Humanistic Psychology Practitioners

* **Supervisor’s Report -**

***Note: Additional reports are to be provided if the applicant has more than one supervisor***

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| **APPLICANT’S FULL NAME:** |  |

Thank you for providing a Supervisor’s Report in support of the above applicant.

This report is to be completed in conjunction to all UKAHPP Registration and Accreditation applications. Before completing this report please read the *UKAHPP Code of Practice and Ethical Principles* and any other documents presented by the supervisee in relation to their application such as Application Form, Registration/Accreditation Criteria, Case Study etc.

Please write clearly in **black** ink and return to admin@ahpp.org.uk

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| **Surname:** |  |
| **First Name:** |  |
| **Address:** |  |
| **Contact Telephone Numbers:** |  |
| **Contact Email Address:** |  |

1. **Supervisor’s Details:**

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| **Model of Supervision:** |  |
| **Professional Membership and Accreditations:** |  |
| **Supervision Qualifications:** |  |

**B. Supervision Details:**

**1. Please give details if you have any formal responsibility for the applicant’s practice?**

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**2. How long have you been the applicant’s supervisor?**

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**3. How long do you intend to continue as the applicant’s supervisor?**

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**4. Is the supervision provided Consultative; Peer; Management; other – Please expand if necessary:**

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**5. What is the format of the supervision you provide – Individual; Group; other. Please expand if necessary:**

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**6. If ‘Group’ how many supervisees are there in the group and how much time is allocated to each supervisee?**

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**7. What is the duration and frequency of the supervision provided?**

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**C. Supervisor’s Statement:**

**Please provide a statement about the applicant’s practice and use of supervision, confirming that a minimum 90 minutes of supervision is undertaken each month with a minimum of 3 client hours each week. Please confirm that the applicant’s orientation is Humanistic, with reference to their case study where applicable.**

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**Please outline any reservations you may have (if any) about the applicant attaining UKAHPP Registration and Accreditation if applicable?**

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**I confirm that I have read the details of the application and that they are correct to the best of my knowledge.**

**Supervisor’s signature\*:** ......................................................... **Date:** ….**/**….**/**….

***\*****Electronic facsimile accepted*

**Applicant’s comments (if any):**

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**Applicant’s signature\*:** .......................................................... **Date:** ….**/**….**/**….

***\*****Electronic facsimile accepted*