**MA Psychotherapy and Counselling**

**Application to join Supervisors’ Network Scheme**

**School of Healthcare**

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| Name: |  |
| Email address: |  |
| Correspondence address: |  |
| Practice address: |  |
| Contact number (for staff): |  |
| Contact number (for students): |  |
| I prefer to be contacted: | By email  | By phone  |
| I offer:(please select both if you offer both) | Private supervision | Supervision at a specific organisationOrganisation name:  |
| Website address: |  |
| Professional registration | Professional Body:  | Membership number: |
| If you offer private supervision please provide a brief description of yourself and how you work as a supervisor to be shared with our students (max 150 words): |  |
| I give permission for The University of Leeds to store the details on this form, share them with students on the MA in Counselling and Psychotherapy and contact me regarding events and updates  |

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| **Professional Qualifications:** |
| Degree:Date: |
| Counselling/psychotherapy:Date qualified: |
| Supervision qualification: YES NO (please circle/delete as appropriate)Date qualified: |
| Accredited supervisor: YES NO (please circle/delete as appropriate) |
| Number of years practice as a counsellor/psychotherapist: |
| Number of years practice as a supervisor: |

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| **CPD Activities** |
| Please list any CPD activities related to supervision over the last year: |

**Please attach the following documents:**

1. Copies of your accreditation / registration certificate(s) (updated annually).
2. Copy of your counselling or other psychological therapy qualification(s).
3. A brief written statement outlining:
	1. Your philosophy and theory of supervision, including discussion of how you supervise counselling approaches different from your core theoretical approach to counselling/psychotherapy.
	2. The relation of your approach to the integrative approach of the University of Leeds MA / PGDip Psychotherapy & Counselling, which includes humanistic and psychodynamic principles.
	3. Your thoughts on working with ethical issues in students’ practice, e.g. confidentiality and dual relationships.
	4. Your thoughts on working with the developmental needs of trainees.
4. Copy of your CV.
5. Copy of your insurance certificate (updated annually).
6. Copy of your supervision qualification (if applicable).
7. CPD statement (updated annually) – if not accredited.
8. Two references including one from your supervisor of supervision (forms attached).

**Please return the information to:**

e.g.dove@leeds.ac.uk

or

Emily Dove

School of Healthcare

Baines Wing

University of Leeds

Leeds LS2 9JT

**School of Healthcare**

**MA Psychotherapy and Counselling**

**Supervisors’ Network Scheme**

**Reference 1 (supervisor of supervision)**

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| **NAME OF APPLICANT:** |

The person named above has applied to join the University of Leeds Supervisors’ Network and has named you as a referee. Please comment on their qualities as a supervisor, with particular reference to whether in your opinion they will work effectively with student counsellors. Please return the completed reference to the applicant to be forwarded with their application.

Signed: …………………………………………………………………………………………………. Date: / /

Name of referee: …………………………………………………………………………………………………………….

Position: ………………………………………………………………………………………………………………………….

Contact details: ……………………………………………………………………………………………………………….

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**School of Healthcare**

**MA Psychotherapy and Counselling**

**Supervisors’ Network Scheme**

**Reference 2**

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| **NAME OF APPLICANT:** |

The person named above has applied to join the University of Leeds Supervisors’ Network and has named you as a referee. Please comment on their qualities as a supervisor, with particular reference to whether in your opinion they will work effectively with trainee counsellors. Please return the completed reference to the applicant to be forwarded with their application.

Signed: …………………………………………………………………………………………………. Date: / /

Name of referee: …………………………………………………………………………………………………………….

Position: ………………………………………………………………………………………………………………………….

Contact details: ……………………………………………………………………………………………………………….