



**AABCAP Accredited Supervisor Application Form**  
As of December 2016

**PART 1: Personal Details**

Your personal details will be treated as private and confidential

<b>Family Name:</b>	<b>Given Name:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Mobile:</b>
<b>Email:</b>	
<b>Do you have five years post-qualifying experience?</b>	<b>Yes                  No</b> <i>(Please enclose supporting documents)</i>

**PART 2: Supervisor Registration Pathway**

Pre-requisites to apply for listing as an AABCAP Accredited Supervisor:

Before applying to become an AABCAP Accredited Supervisor, a practitioner is required to have a minimum of five years post-training experience as a qualified psychotherapist or counselor, with a minimum of three years as a full member of AABCAP.

**Accredited Supervisor Pathway**

- Applicants must have completed a supervisor training program with AABCAP
- Applicants must have completed a minimum of 10 hours of supervised practice in the role of supervisor in addition to the coursework during the supervisor training program
- 50 hours of supervisor practice over a minimum of two years, post supervisor training
- 10 hours of supervision on supervision practice, post supervisor training

**Transition Accreditation Pathway**

- Evidence of a minimum of 20 hours training or professional development in supervision
- 50 hours of supervisor practice over a minimum of two years
- 10 hours of supervision on supervision practice

**Please confirm the pathway under which you are applying for accreditation as supervisor:**

- € Accredited Supervisor Pathway
- € Transition Accreditation Pathway

## AABCAP Accredited Supervisor Application Form

### PART 3: Training and Professional Development

Please complete either the (i) Accredited Supervisor Pathway OR the (ii) Transition Accreditation Pathway

#### (i) Accredited Supervisor Pathway

Please provide details of supervisor training undertaken. Please enclose supporting documentation such as:

- Certified copies of certificates for courses undertaken
- Evidence that the course meets the PACFA Supervision Training Standards 2012
- Supervision client logs

Course Name	Course Provider	Date	Hours
<b>Total Training Hours</b>			

<b>Supervision practice during training</b> <i>*To be completed by applicant's supervisor</i>			
Supervisor's name:			
Supervisor's address:			
Supervisor's email:			
Supervisor's phone:			
Supervisor's qualifications:			
Total supervision hours during training:		Total supervision client contact hours during training:	
Supervisor's signature:	Applicant's signature:		

\*Please complete additional pages if you had more than one supervisor during training.

## AABCAP Accredited Supervisor Application Form

### (ii) Transition Accreditation Pathway

Professional development or training activity	PD or training provider	Date	Hours
<b>Total PD Hours</b>			

### PART 4: Supervised Practice as a Supervisor

To be completed by the applicant's supervisor:

Supervisor's name:					
Supervisor's address:					
Supervisor's phone:					
Supervisor email:					
Supervisor's qualifications:					
Supervision was:	Individual	Session duration (minutes):		No of sessions:	
	Group (max. 12 people)	Session duration (minutes):		No of sessions:	
		Session duration (minutes):		Number in group:	
This report relates to the period:		to			
The details reported on this page give an accurate description of our supervision arrangements. The applicant has demonstrated a capacity to provide professional supervision to counselors and/or psychotherapists and I see no obstacle to listing the applicant as an Accredited Supervisor.					
Total supervision hours completed:		Supervisor's signature:		Date:	
Total supervision client contact hours completed:		Applicant's signature:		Date:	

\*Please complete additional tables if you have more than one supervisor. Copy this page if required.

# AABCAP Accredited Supervisor Application Form

## PART 5: Applicant Declaration

I \_\_\_\_\_ (print name) confirm that:

- I have professional indemnity insurance cover in place and agree to maintain continuous cover for the duration of my registration.
- I am a current member of AABCAP.
- I agree to be bound by the Code of Ethics and to comply with the procedures specified therein.
- I have never been de-registered or removed from a professional register for ethical reasons.
- I have not had any proven complaints of professional misconduct, nor performance or disciplinary actions issued against me or my practice in the last 12 months.
- If you **have** had any proven complaints or performance/disciplinary action issued against you in the last 12 months, please attach documentation outlining the nature and outcome of the complaint.
- The information I have provided on this form is true and correct.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 6: Checklist

I have provided AABCAP with the following documentation:

- € My completed log of training or professional development together with evidence for each supervision training course or professional development activity undertaken
- € My completed Supervision documentation, verified by my supervisor(s)
- € My application fee

**Please send your application form and relevant documents to:**

via email: [info@AABCAP.org](mailto:info@AABCAP.org)

Or post:

AABCAP  
PO Box 2115,  
Bondi Junction,  
NSW 1355

**Please include the non-refundable application fee of \$88 (incl GST) payable by:**

- i) Direct deposit to:  
Account Name: AABCAP  
BSB: 062-229  
Account number: 1009-0459

***Important Note: Please use your surname as a reference with the word "supervisor"***

Receipt Reference Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

- ii) Or by cheque made payable to AABCAP