

**Dublin Counselling and Therapy Centre**  
**Professional Diploma in Supervision 2024**  
**Application Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

**Your Background as Psychotherapist/Counsellor**

1. How long have you been practising since accreditation? \_\_\_\_\_
2. What is your mode of practice \_\_\_\_\_
3. Who are you accredited by? and when? \_\_\_\_\_
4. Where did you do your training? \_\_\_\_\_

**Your Background as Supervisor**

How long have you been supervising? \_\_\_\_\_

What training, if any, have you received in supervision? \_\_\_\_\_

\_\_\_\_\_

What supervision (or other support) do you receive as a supervisor? \_\_\_\_\_

\_\_\_\_\_

How many practitioners do you currently supervise? (Please distinguish between those supervised one-to-one and those given group supervision) \_\_\_\_\_

\_\_\_\_\_

In applying for a place on this course, I confirm that I will be in a position to participate in all the elements of assessment outlined in the Diploma Programme.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send completed Application Form and Supervisor Reference Form with a deposit of €500 to:

The Administrator  
Dublin Counselling and Therapy Centre  
41 Upper Gardiner Street, Dublin 1

# Dublin Counselling and Therapy Centre

## Professional Diploma in Supervision 2024

### Supervisor Reference

(to be completed and signed by your current supervisor)

Name of Supervisor: \_\_\_\_\_

Name of Supervisee/Applicant: \_\_\_\_\_

Length of supervisory relationship to date \_\_\_\_\_

Frequency of supervision sessions: \_\_\_\_\_

In considering your supervisee's application to undertake this training, do you believe s/he:

- has the potential to form a supervisory relationship? YES  NO
- is committed to the role of supervisor? YES  NO
- is committed to their ongoing professional development? YES  NO
- will be able for the course's academic & professional demands? YES  NO
- has the ability to be self-reflective and evaluative and to give and receive constructive feedback? YES  NO

Bearing these considerations in mind, do you support your supervisee's application to be offered a place on this supervision training course? YES  NO

If you are supporting your supervisee's application, please give them this completed reference form which should accompany their application form when it is being submitted to Dublin Counselling & Therapy Centre. A supportive supervisor reference does not automatically ensure a place for the applicant on the training course.

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_