# Supervisor’s statement for individual accreditation applications (columns A-B)

## Guidance for the supervisor

A supervisor’s statement is required as part of the application for individual accreditation.

As a nominated supervisor you’ll need to confirm the applicant’s supervision arrangements. Before completing the report, you should read the case material (criterion 2), which should be a typical example of the applicant’s client work.

When you’ve completed your report, please send it to your supervisee who will upload it to their online accreditation application form.

Once we’ve received your supervisee’s application, we’ll send you an email to confirm we’ve received your supervisor report.

**BACP Fair Processing Notice**

BACP is committed to complying with the GDPR and the DPA 2018.

We only use the information you give us for the purposes specified on this form and laid out in detail in the BACP Privacy Notice.

We will only hold the information for as long as we need it to carry out the task for which it was given.

You have rights under current legislation to limit or prevent the processing of your data and to have access to this information.

We never sell your personal information to third parties but may need to share your details with suppliers who work on our behalf.

To find out more about how we use your personal data, any third parties we may share it with and your rights in relation to it, see our [privacy notice](https://www-training.bacp.co.uk/privacy-notice/#learningcentre).

If you have any questions about your statement, please contact us on 01455 883300 or email [accreditation@bacp.co.uk](mailto:accreditation@bacp.co.uk)

**Thank you for your time and commitment to the accreditation process**

## Part A: Applicant’s details

Applicant’s name:

Applicant’s BACP membership number:

## Part B: Supervisor’s details

Your name:

Daytime phone number:

Email address:

Profession or occupation:

Professional body:

Your membership number:

**Please give details of your qualifications and experience as a supervisor and practitioner:**

**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?** (Please tick as appropriate)

**Yes:**

**No:**

**If yes, please give details:**

## Part C: The supervision contract

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

**Individual:**

**Peer:**

**Group:**

(Please complete a section for the arrangement or all the arrangements that you have indicated above.)

### Individual supervision

**Contract start date:**

**End date:** (If still current, write ‘ongoing’)

**Contracted frequency of sessions:**

**Weekly:**

**Fortnightly:**

**Monthly:**

**Contracted length of sessions:**

### Peer supervision

**How many peer members are there?**

**Contract start date:**

**End date:** (If still current, write ‘ongoing’.)

**Contracted frequency of sessions:**

**Weekly:**

**Fortnightly**:

**Monthly**:

**Contracted length of sessions:**

### Group supervision

**How many supervisees are contracted to attend this group?**

**Contract start date:**

**End date:** (If still current, write ‘ongoing’)

**Contracted frequency of sessions:**

**Weekly:**

**Fortnightly:**

**Monthly:**

**Contracted length of sessions:**

## Part D: Supervisor’s statement

1. Is the applicant’s described way of working (criterion 1) consistent with your experience of how they work?

Yes

No

If no, or if you are unsure, please give your reasons:

1. If you have supervised the case material in the application (criterion 2), do you agree that the applicant’s description is an accurate reflection of their work with this client/s?

Yes

No

If no, or if you are unsure, please give your reasons:

1. Please read the applicant’s reflective practice criteria in full (Criteria 1 and 2) then comment on their overall competence in relation to the column B competences in the SCoPEd framework.

You will need to making reference to any areas for future development in relation to the SCoPEd framework that have been agreed with the applicant.

1. In your experience of the applicant, are they an ‘experienced practitioner who demonstrates high standards of competent and ethical practice’ who is therefore ready for individual (column B) accreditation?

Yes

No

If No, or if you are unsure, please give your reasons:

## Part F: Signatures

E-signatures (typed names) are acceptable.

##### Applicant’s signature:

##### Date:

##### Supervisor’s signature:

##### Date:

V1 – 19/01/2024