



## Supervision

**The supervisor is to fill out all aspects of the supervision details.**

**Forms must be original filled out documents, not photocopies, scans or faxes.**

**Please note: No part of this section is to be filled out by the member. Forms not filled out in their entirety by the supervisor will not be accepted.**

Clinical, Provisional and Active Life members are required to have 10 hours of supervision for the 2015-2016 renewal and to have accrued these hours between 1<sup>st</sup> June 2014 and 31<sup>st</sup> May 2015. If the client contact hours exceed 400 hours, then 15 hours of supervision will be required.

The supervision can be submitted as individual and/or group and peer supervision.

Group supervision hours are credited 1 hour for every 1 hour of attendance. The group must have no more than 6 attendees.

Please check the CAPA NSW website under the heading 'Membership'-'Supervision' for full supervision details including minimum criteria CAPA NSW recognises to be a Supervisor.

Ask your supervisor/s to fill out the declaration below, noting the number of clinical face to face and/or telephone hours worked with clients since you last submitted supervision details to CAPA NSW, as well as the supervision hours.

100% of total face to face counselling, individual, couple and family or group therapy hours can be counted.

25% of total telephone counselling hours can be counted where sessions are regularly conducted.

Crisis telephone counselling and financial counselling cannot be counted in these hours.

Please copy this form before filling out - to ensure you have one form for each supervisor you have had during the up until the time of the regrade.

### Supervisor's Declaration

I (**Supervisor's name**) ..... hereby declare that I have provided

(**CAPA NSW Member's name**) ..... with:

**Individual supervision hours of** ..... and/or

**Group supervision hours of**.....

**Peer supervision hours of**.....

From 1<sup>st</sup> June 2014 to 31<sup>st</sup> May 2015 or during the period of supervision.....

I have discussed with my supervisee their case load and that they have conducted:

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.....**hours of face to face** (individual, couple, family or group) **counselling/psychotherapy**

And/or..... **hours of phone counselling/psychotherapy** (please list total hours).

And further, that to the best of my knowledge they are practising competently and ethically.

**Supervisor's Address** .....

**Supervisor's Telephone Work**..... **Mobile** .....

**Supervisor's Email** .....

**Supervisor's years of experience post training**.....

**Supervisor's Qualifications**.....

**Signature of Supervisor** .....

**Date** .....