

**Division of Counselling Psychology (DCoP)**  
of the Psychological Society of Ireland

## Supervisor's Report

For Applicants seeking **Full membership** of the Division

The supervisor's report is of central importance in the assessment of psychologists applying for **Full membership** of the Division. To aid us in coming to a decision on the applicant's eligibility for full membership, we would appreciate it if you complete this form carefully. We realise that you may have to negotiate the content of the report with your supervisee, as a report of this nature may not have been part of your original supervision contract.

**1. Supervisor's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Qualifications: \_\_\_\_\_

PSI Membership No: \_\_\_\_\_ Are you a registered member of PSI? Yes \_\_\_ No \_

List other professional bodies of which you are a member, including your status therein  
(e.g. IACT; Accredited member, 1994 - to present)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of years experience in counselling psychology/psychotherapy: \_\_\_\_\_  
Elaborate:

**2. Applicant's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

**3.** How long have you been supervising the applicant (in years/months)? \_\_\_\_\_

**4.** Is supervision with this applicant:

Individual supervision: \_\_\_\_\_ Group supervision: \_\_\_\_\_

Weekly: \_\_\_\_\_ Fortnightly: \_\_\_\_\_ Monthly: \_\_\_\_\_

Total number of hours supervision: \_\_\_\_\_

5. What is your method or model of supervision? (e.g. case notes/review of sessions, etc.)

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6. Please rate the applicant with regard to the following categories on a scale of **1 to 10** (10 being considered as excellent):

- Experience: \_\_\_\_\_ Comment? \_\_\_\_\_
- Integration of theory and practice: \_\_\_\_\_ Comment? \_\_\_\_\_
- Assessment: \_\_\_\_\_ Comment? \_\_\_\_\_
- Diagnosis: \_\_\_\_\_ Comment? \_\_\_\_\_
- Interventions: \_\_\_\_\_ Comment? \_\_\_\_\_
- Ethical practice: \_\_\_\_\_ Comment? \_\_\_\_\_
- Self-knowledge: \_\_\_\_\_ Comment? \_\_\_\_\_
- Receptivity to Supervision \_\_\_\_\_ Comment? \_\_\_\_\_
- Empathy \_\_\_\_\_ Comment? \_\_\_\_\_

7. Please state other professional skills/personal qualities that you recognise in the applicant.

8. Is there any reason why to your knowledge or in your opinion the applicant should not be awarded full membership of the division?

9. Any other comments?

10. I confirm that I have read the applicant's form which is, to the best of my knowledge, correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed and signed form, marked CONFIDENTIAL to:

**The Membership Secretary**  
**Division of Counselling Psychology**  
**The Psychological Society of Ireland**  
**CX House**  
**2A Corn Exchange Place**  
**Dublin 2**