**Confirmation of Supervision**

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| **Membership category** | **Description** | **Supervisor Requirements** |
| **Associate Member** | Certified Practitioner or Master Practitioner of NLP | Receive at least 12 hours Supervision per annum with an accredited NLPtCA Supervisor or recognised equivalent (e.g. BPS, BACP). |
| **Member in Training** | NLPt Psychotherapist in Training | An NLPt supervisor recognised by NLPtCA; or a supervisor registered with UKCP, BACP (psychotherapist), BPS (or other recognised organisation) who is also an experienced NLP Master Practitioner. |
| **Member** | NLPt Psychotherapist |
| **Accredited Member** | Accredited NLPt Psychotherapist |

**Name of Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am fully aware of and comply with the Code of Ethics of NLPtCA and I understand that under this code my ultimate responsibility is to the welfare of the client and that I must continue in supervision while listed on the NLPtCA Members register.

**Signed (Member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am the member named above and I confirm that I attend supervision with:

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

**Supervisor’s Accrediting Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervision Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***To be completed by Supervisor:***

* I declare that the above therapist undertakes regular supervision with me – and is competent to practice with clients.
* I am fully aware of, and comply with, the Code of Ethics of NLPtCA and UKCP, and I understand that under this code my ultimate responsibility is the welfare of the clients of the applicant.
* I am fully covered by my insurance to act as a supervisor and I have appropriate and adequate supervision myself.
* To the best of my knowledge and belief, I state that the above applicant is *using NLP therapeutically* / practising *Neuro Linguistic Psychotherapy* with his/her clients in a safe, effective and professional manner.
* I understand that if I have concerns about the clinical competence or ethical practice of the applicant I am obliged to raise my concerns directly with the applicant in the first instance.
* Thereafter, if I am still uncertain about his/her abilities and *use of NLP therapeutically* / *practice of Neuro Linguistic Psychotherapy*, I must contact my own supervisor or appropriate colleague for assistance.
* If I still cannot resolve the issues I must contact the NLPtCA for the name of the Complaints Officer and write in confidence with the details of any problem or concern. Failure to do this will be a breach of the Code of Ethics of NLPtCA by which I am bound in terms of this supervision activity.

**Signed (Supervisor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**