

TRAINEE SUPERVISOR REGISTRATION FORM

This form is to be completed in notification that you are in training to achieve NLPtCA Recognised Supervisor Status. Your details on the website will be updated to show your status as 'Trainee Supervisor' . (Indicate below if you do not require your status to be shown in this way)

Name (please print):

Name of Supervisor for Supervision (please print):

Year of your Accreditation with NLPtCA:

Please describe any experience to date as a supervisor in psychotherapy and counselling and in any other related field (for example in health and social care work).

Please give a brief description of how you plan to develop the necessary criteria for recognition as a Supervisor:

Name of any Supervision Course/Qualification you are studying:

Name and Address of the Training Provider:

Start and Expected Completion Dates of the Course:

DECLARATION:

I hereby notify NLPTCA of my status as a Trainee Supervisor and agree to abide by the Supervision Requirements of NLPtCA.

I wish/do not wish my public profile to show my status as Trainee Supervisor (delete as required)

Signed:

Date: