**SUPERVISOR STATUS ANNUAL RENEWAL APPLICATION FORM (SSAR)**

**FOR A NLPtCA ACCREDITED SUPERVISOR**

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| Name of practitioner: |  |
| Period covered by this review: |  |

Please complete this document for your annual supervisor status renewal.

*It must be returned to the Accreditation Registrar by 31st May.*

*Retain this document for a minimum of five years.*

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| SSAR1: Practitioner Details |

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| **Name of applicant** | |  | | |
| **Address** |  | | **Practice Address (if different)** |  |
| **Tel** |  | | **Tel** |  |
| **Email** |  | | **Email** |  |
| **Year accredited as a supervisor by NLPtCA** | | | |  |

I am the applicant named above. I hereby request and authorise my supervisor to provide the NLPtCA Administration Team with any information s/he considers relevant to my application for supervisor status renewal and listing with UKCP.

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| SSAR2: Supervisor Details |

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| **Name of Supervisor / Peervisor** |  | **Accrediting Organisation** |  |
| **Registration Body** |  |
| **Address** |  | **Registration Number** |  |
| **NLPtCA Recognised Supervisor?** | YES / NO  *If NO, describe qualifications below* |
| **Tel** |  | **Supervisor’s qualifications:** (see RAG3) | |
| **Email** |  |

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| SSAR2.1: Supervisor Declaration |

I declare that:

* The above supervisee has attended regular supervision/peervision with me during the 12 month period covered by the Annual Development Review.
* I am fully aware of and comply with the Codes of Ethics of NLPtCA and UKCP, and I understand that under these codes my ultimate responsibility is to the welfare of the supervisees and their clients supervised by the above supervisee.
* I am fully covered by insurance as a psychotherapist and supervisor and I have appropriate and adequate supervision myself.
* To the best of my knowledge and belief, I state that the above supervisee is practising *supervision of supervision* in a safe, effective and professional manner.
* I understand that if I have concerns about the clinical competence or ethical practice of the above supervisee, I am obliged to raise my concerns directly with them in the first instance
* Thereafter, if I am still uncertain about his/her clinical competence or ethical practice I must follow the procedure in the NLPtCA Supervision Policy and Guidelines.

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| SSAR3: Confirmation that NLPtCA Supervisor Status Renewal Requirements are met. |

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| Name of practitioner | |  | Please tick  🗹 |
| 1. | **Membership and Fees**  I have paid to NLPtCA the fees for NLPtCA Membership & Accreditation Administration. | |  |
| 2. | **Ethics**  I confirm that I abide by the NLPtCA and UKCP Codes of Ethics and Practice for the Supervision of Psychotherapists. | |  |
| 3 a | **Supervision / Peervision**  I have received supervision of my supervision work at a ratio agreed with my supervisor as described in the NLPtCA Supervision Policy and Guidelines. | |  |
| 3 b | I have complied with the current recommendations for remote working. | |  |
| 6. | **Insurance**  I have Public Liability and Malpractice Insurance that covers me to practise Supervision of Psychotherapists and Counsellors and which is valid at the date of this application. | |  |
| 7. | **Continuing Professional Development (CPD)**  I have undertaken a minimum of 5 hours of CPD which is directly relevant to my practice as a supervisor and have kept a record of the CPD. | |  |
| 8.a | **Complaints / Criminal Charges**  I confirm that no criminal charge has been brought against me; nor has a complaint been made about me to any other UKCP section or professional body since my last application. (If it has, full details must be provided) | |  |
| 8.b | I confirm that I will inform the Accreditation Registrar immediately should a criminal charge be brought against me; or a complaint be made about me to any other UKCP section or professional body | |  |
| 9 | **Changes**  I confirm that any change to my professional circumstances or contact details have been communicated by email or in writing to both the Supervision Registrar and to UKCP. | |  |

I declare that the information supplied on this application is true and accurate and that I have not omitted or disguised any information which may be relevant to my application.

**Applicant Signature : ……………………………………………………… Date: ……………………………………….**

I have conducted a Supervisor Annual Review and, as far as practical, I have verified that the above declaration by the applicant is accurate and fair. As a result I am satisfied that the applicant has fulfilled all the Supervisor Status Annual Renewal (SSAR) Requirements specified in the SSAR Guidelines and that the results of the review were recorded and signed by the Supervisor and Applicant.

**Supervisor\* Signature : ……………………………………………………… Date: ……………………………………**