Suggested format for the

**ANNUAL DEVELOPMENT REVIEW**

**OF A NLPtCA ACCREDITED and UKCP REGISTERED PSYCHOTHERAPIST**

|  |  |
| --- | --- |
| Name of supervisee: |  |
| Period covered by this ADR: |  |

*Use the headings below to record the results of an Annual Development Review. Please refer to NLPtCA Re-Accreditation and CPD Guidelines for what to include. Retain this document for a minimum of five years.*

## Confirmation of insurance

|  |  |
| --- | --- |
| Verification of a valid certificate of Public Liability and Malpractice Insurance or an equivalent letter from an employer. | Tick to confirm |

## Details of continuing professional development undertaken during the above 12-month period:

*A minimum of 20 hours CPD in any one year within a five-year cycle and a minimum of 250 hours within a five-year cycle. These hours must show engagement across at least 3 eligible categories.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | CPD activity | CPD category | How this CPD informs your practice | | No of hours |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| *CPD categories are described in the NLPtCA CPD Guidelines* | | | | Total CPD hours |  |

*Members should be able to show that their practice and CPD reflects the Diversity and Equality Policy of UKCP. This will include such things as demonstrating an understanding of power, prejudice and the impact of oppression, and the needs of the diverse group of clients with whom they work.*

## Details of all supervision/peervision undertaken during the above 12-month period:

|  |  |  |  |
| --- | --- | --- | --- |
| Type(s) of supervision | Names of supervisor(s) | Dates | Hours |
|  |  |  |  |
|  |  |  |  |

## Range of client work undertaken during the above 12-month period, in particular:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Adults |  | Groups |  | Families |  |
| Children (under 18 years of age) |  | Couples |  |  |  |
| Severe trauma |  | Childhood sexual abuse |  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Sexual identity and sexuality |  | Body oriented psychotherapy |  |  |  |

*Members are reminded that “some areas of therapy require specialist training” (Code of Ethics 4.3)*

## Examples of development as a Neuro-Linguistic Psychotherapist demonstrated by supervisee during the above 12-month period:

|  |  |
| --- | --- |
| a |  |
| b |  |
| c |  |

## Examples of improvement in your ability to self-supervise (through reflection, reflexivity, own process awareness, and development of practice) during the above 12-month period:

|  |  |
| --- | --- |
| a |  |
| b |  |
| c |  |

## Areas identified for development during the next 12 months:

|  |  |
| --- | --- |
| a |  |
| b |  |
| c |  |

## CPD plans for next 12 months (that will meet the above development areas):

|  |
| --- |
|  |

## Signed and dated:

**Supervisee Signature : ……………………………………………………………… Date: ………………………………….**

**Supervisor/peervisor Signature: ……………………………………………… Date: ………………………………….**

## Further peervision group signatures (if appropriate)

**Peervisor Signature: ……………………………………………………………… Date: ………………………………….**

**Peervisor Signature: ……………………………………………………………… Date: ………………………………….**

**Peervisor Signature: ……………………………………………………………… Date: ………………………………….**