

**Accredited Supervisor Application Form 2023**

#  PART 1: Personal Details

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| *Your personal details will be treated as private and confidential* |
| **Family Name:** |       | **Title:** |       |
| **Given Names:** |       | **Register No:** |       |
| **Address:**  |       |
| **Telephone:**  |       | **Mobile:** |       |
| **Email:** |       |
| **Name of PACFA Member Association\*:**  |      \* If you belong to a PACFA MA, please enclose proof of current membership |
| **Do you have 5 years’ post-qualifying experience?** | Yes [ ]  No [ ]  Please enclose evidence if PACFA doesn’t already hold evidence of 5 years’ experience |

# PART 2: Supervisor Registration

Pre-requisites to apply for listing as a PACFA Accredited Supervisor

* Before applying to become a PACFA Accredited Supervisor, a practitioner must be listed on the PACFA Register. Applicants are required to have a minimum of 5 years post training experience as a qualified psychotherapist or counsellor, with a minimum of 3 years as a PACFA Clinical Registrant or 3 years as a member of another comparable Professional Association at an equivalent membership level.

Accredited Supervisor Requirements

* Successful completion of a Supervisor training program which meets the Supervision Training Standards 2020 (at least 36 hours of direct face to face teaching in supervision theory and practice, which may take place either in person or via synchronous online learning or a blend of these, and of which at least 33% or 12 hours, is experiential learning)
* A minimum of 10 hours of supervised client contact in the role of supervisor during the supervisor training program
* 2 hours of supervision on supervision practice undertaken during the supervision training

#  PART 3: Training and Professional Development

Please provide details of supervisor training undertaken. Please enclose supporting documents such as:

* Certified copies of certificates for the course (or courses) undertaken
* Evidence that training meets the PACFA Supervision Training Standards 2020
* Supervision client logs (to be completed on the next page of this form)

|  |  |  |  |
| --- | --- | --- | --- |
| **Course name**  | **Course provider**  | **Date** | **Hours** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| **Supervision practice during training** \* To be completed by applicant’s supervisor  |
| Supervisor’s name: |       |
| Supervisor’s address: |       |
| Supervisor’s phone: |       | Email: |       |
| Supervisor’s Qualifications: |       |
| Total supervision on supervision hours during training: |       | Total hours of supervised client contact in the role of supervisor during training: |       |
| Supervisor’s signature:       | Applicant’s signature:       |

\* Please complete additional pages if you had more than one supervisor during training.

# PART 4: Applicant declaration

|  |  |
| --- | --- |
| I,       (print name) confirm that:  | Tick:  |
| * Have professional indemnity insurance cover in place and agree to maintain continuous cover for the duration of my registration.
 | [ ]  |
| * Am a current member of a PACFA Member Association (only if you belong to a Member Association)
 | [ ]  |
| * Agree to be bound by the Code of Ethics and to comply with the procedures specified therein
 | [ ]  |
| * Have never been de-registered or removed from a professional register for ethical reasons
 | [ ]  |
| * Have not had any proven complaints of professional misconduct, nor performance or disciplinary actions issued against me or my practice in the last 12 months
 | [ ]  |
| * If you ***have*** had any proven complaints or performance/disciplinary action issued against you in the last 12 months, please attach documentation outlining the nature and outcome of the complaint.

***NOTE:*** *If you* ***have*** *had any proven complaints or performance/disciplinary action in the last 12 months, please attach documents outlining the nature and outcome of the complaint.* | [ ]  |
| * The information I have provided on this form is true and correct.
 | [ ]  |

**Applicant’s signature:**       **Date:**

# PART 5: Checklist

|  |  |
| --- | --- |
| I have provided PACFA with the following documentation: * Evidence of completion of supervision training that meets the PACFA Supervision Training Standards 2020
* A copy of my current Member Association membership certificate or a copy of my current renewal receipt (only if applicable)
* My completed log of supervised supervision practice undertaken during training, verified by my supervisor(s)
* Payment of the application fee of $155 (inc GST) - Click [here](https://portal.pacfa.org.au/ItemDetail?iProductCode=ACCSUPFEE&Category=MEMBERSHIP&WebsiteKey=663df354-bb4c-40db-9f44-9f1e672224ed) to pay the fee on-line
 | Please tick:[ ] [ ] [ ] [ ]  |

**Please email your application form and relevant documents to** membership@pacfa.org.au

**Please pay the application fee online, please include the non-refundable application fee of $155 (including GST) payable by** [**using this link.**](https://www.pacfa.org.au/ItemDetail?iProductCode=ACCSUPFEE&Category=MEMBERSHIP&WebsiteKey=663df354-bb4c-40db-9f44-9f1e672224ed)