



Psychotherapy & Counselling
Federation of Australia

Accredited Supervisor Application Form

PART 1: Personal Details

<i>Your personal details will be treated as private and confidential</i>			
Family Name:		Title:	
Given Names:		Register No:	
Address:			
Telephone:		Mobile:	
Email:			
Name of PACFA Member Association*:	* If you belong to a PACFA Member Association, please enclose proof of membership		
Do you have 5 years' post-qualifying experience?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please enclose proof if PACFA doesn't already hold proof of 5 years' experience		

PART 2: Supervisor Registration Pathway

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 Pathway

- Supervisor training program which meets the Supervision Training Standards 2018 (at least 36 hours of person-to-person teaching in supervision theory and practice, 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
- 40 hours of supervisor practice over a minimum of 2 years (this is in addition to the 10 hours of supervised client contact in the role of supervisor completed during training)
- 10 hours of supervision on supervision practice, which includes the supervision on supervision practice that takes place during the supervision training

Transition Accreditation Pathway

- A minimum of 20 hours training or professional development in supervision
- 50 hours of client contact in the role of supervisor over a minimum of 2 years
- 10 hours of supervision on supervision practice

Please confirm the pathway under which you are applying for accreditation as supervisor:

PART 3: Training and Professional Development

Please complete either the Accredited Supervisor Pathway OR the Transition Accreditation Pathway

1. Accredited Supervisor Pathway

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

- Certified copies of certificates for courses undertaken
- Evidence that the course meet the PACFA Supervision Training Standards 2018
- Supervision client logs

Course name	Course provider	Date	Hours
Total training hours			

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.

2. Transition Accreditation Pathway

Professional development or training activity	PD or training provider	Date	Hours

Total PD Hours	
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PART 4: Supervised practice as a supervisor

To be completed by the applicant's supervisor:

Supervisor's name:					
Supervisor's address:					
Supervisor's phone:		Email:			
Supervisor's Qualifications:					
Supervision was:	<input type="checkbox"/> Individual	Session duration (<i>minutes</i>):		No of sessions:	
	<input type="checkbox"/> Group (max. 12 people)	Session duration (<i>minutes</i>):		No of sessions:	
		Session duration (<i>minutes</i>):		Number in Group:	
This report relates to the period:		to			
<i>The details reported on this page give an accurate description of our supervision arrangements. The applicant has demonstrated a capacity to provide professional supervision to counsellors and/or psychotherapists and I see no obstacle to listing the applicant as an Accredited Supervisor.</i>					
Total supervision on supervision hours:		Supervisor's signature:			Date:
Total hours of supervised client contact as a supervisor:		Applicant's signature:			Date:

* Please complete additional tables if you have more than one supervisor. Copy this page if required.

Supervisor's name:					
Supervisor's address:					
Supervisor's phone:		Email:			
Supervisor's Qualifications:					
Supervision was:	<input type="checkbox"/> Individual	Session duration (<i>minutes</i>):		No of sessions:	
	Group (max. 12 people)	Session duration (<i>minutes</i>):		No of sessions:	
		Session duration (<i>minutes</i>):		Number in Group:	
This report relates to the period:		to			
<i>The details reported on this page give an accurate description of our supervision arrangements. The applicant has demonstrated a capacity to provide professional supervision to counsellors and/or psychotherapists and I see no obstacle to listing the applicant as an Accredited Supervisor.</i>					
Total supervision on supervision hours:		Supervisor's signature:			Date:
Total hours of supervised client contact as a supervisor:		Applicant's signature:			Date:

* Please complete additional tables if you have more than one supervisor. Copy this page if required.

PART 5: Applicant declaration

I, _____ (print name) confirm that: Please tick:

- I have professional indemnity insurance cover in place and agree to maintain continuous cover for the duration of my registration.
 - I am a current member of a PACFA Member Association (only if you belong to a Member Association)
 - I agree to be bound by the Code of Ethics and to comply with the procedures specified therein.
 - I have never been de-registered or removed from a professional register for ethical reasons
 - I 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 7: Checklist

I have provided PACFA with the following documentation: Please tick:

- My completed log of training or professional development together with evidence for each supervision training course or professional development activity undertaken
- A copy of my current Member Association membership certificate or a copy of my current renewal receipt (if applicable)
- My completed Supervision documentation verified by my supervisor(s)
- My application fee

Please send your application form and relevant documents to:

Nilu De Alwis
Membership Team Leader
290 Park Street
North Fitzroy VIC 3068

OR via email:
nilu@pacfa.org.au

Please include the non-refundable application fee of \$104 (including GST) payable by:

Cheque made out to PACFA

Direct deposit to PACFA's account:

ANZ Lygon Street, Carlton

BSB: 013-259 A/C: 4919-78993

Reference: AS and your Surname First Name

There is also an annual Supervisor Register listing fee of \$25 (inc. GST) which you will be requested to pay once your application has been approved.