

EUROPEAN ASSOCIATION FOR INTEGRATIVE PSYCHOTHERAPY



APPLICATION FORM FOR ACCREDITATION OF THE SUPERVISION TRAINING PROGRAMME IN INTEGRATIVE PSYCHOTHERAPY

Please print in capital letters the contact information below

Name of organisation: _____

Address of organisation: _____

Telephone: _____

Website: _____

Name of person signing application: _____

Position within organisation: _____

Email: _____

Signed: _____ Date: _____

General information

Name of organisation (in your native language and in English): _____

Name of the course: _____

Has your organisation been accredited by the EAIP? Yes/ No (please note that only EAIP accredited organisations can apply for accreditation of supervision training programmes. If your organisation is not accredited by the EAIP, you can apply to become an accredited member).

How many trainees do you currently have in the supervision training programme?

How long has your supervision training programme been in existence?

What are the fees and payment structure for the supervision training programme?

Description of the supervision training programme

a) Briefly describe the integrative philosophy that informs your supervision training course

b) Please give an overview of the course curriculum

c) Is your course intended to cover supervision of work with children? Yes/ No (if the answer is yes, please describe the specific elements contained in the supervision training course)

d) Please indicate the expected learning outcomes at the end of the training programme

Ethics and appeals

a) Do you have a Code of Ethics for trainers, supervisors and supervisor trainees?

Yes/ No (please include a copy of the code of ethics)

b) Do you have Diversity and Equality Procedures that address the issues in the training of supervisors?

Yes/ No (please include a copy of the Diversity and Equality Procedures)

c) Do you have an Appeals Procedure?

Yes/ No (please give us a description and include a copy of the procedures)

d) Do you have Safeguarding Procedures for the supervision training programme?

Yes/No (please give us a description and include a copy of the procedures)

e) Are there any ethical complaints outstanding against your organisation, any of the individual trainers or any of the trainees in the supervision training programme?

Yes/ No (If the answer is yes, please describe)

Course requirements

- a) What are the entry requirements for the supervision training programme?
- b) How long is the taught component of your course?
- c) How many hours of supervision of supervision are included in the training programme (supervision of supervision of actual supervisees that the trainee sees in her/his own practice)?
- d) How many hours of clinical supervision with supervisees are included in the training programme?
- e) How many hours of psychotherapy practice does a trainee need to have completed at the point of qualification/ accreditation)?
- f) How many hours of supervised supervision, experiential or live supervision are included in the supervision training programme?
- g) Are there any other components of your supervision training programme?

Final assessment procedures

- a) How is the theoretical component of the training assessed in the final assessment?
- b) How is the practical component of the training assessed in the final assessment? (the candidate's abilities as supervisor)
- c) How is the clinical component of the training assessed in the final assessment? (the candidate's own clinical work with clients)
- d) Who is involved in these assessment procedures? Do you also have external assessment?

Staffing of the course

- a) Director (leader) of the supervision training programme (include qualifications and copy of ECIP)
- b) Name and qualifications of principal trainers on the course (include copy of ECIP)

Please note

Only member organisations of the European Association for Integrative Psychotherapy can apply. The completed application form in PDF format must be sent by e-mail to Andra Rampu, EAIP secretary email address: andra@euroaip.eu

The completed application form should be sent with a confirmation of a bank transfer of 200 Euro. Fees may be transferred electronically as follows:

Name of Bank account European Association for Integrative Psychotherapy
Bank address Permanent TSB, Old Butterfield Avenue, Rathfarnham, Dublin 14
IBAN IE91 IPBS 9906 4272 2425 44
BIC IPBSIE2D

FOR COMPLETION BY EAIP

Application received by	
Date of receipt of application	
Action required/ taken	