

Dear Colleague

The report we hope you will find not too onerous but at the same time gives us the information needed to make a decision about the applicant meeting membership criteria. Accordingly we would appreciate if you would complete the attached report and place it in a sealed envelope marked Private and Confidential to the Institute of Counselling Psychology. This should normally be given to the applicant for inclusion with the application material. If there is some reason for you to send the information directly to the Institute or wish to discuss some aspect of the application please contact the Executive Director, NZPsS at Executivedirector@psychology.org.nz or PO Box 4092, Wellington 6140.

Thank you Yours sincerely

Membership Secretary



Supervisor Report

Name of Supervisor	
Mailing Address	
Email and phone	
Professional registration, qualifications and affiliations	
Supervisor's place of work	
Please provide evidence of any supervision training undertaken	
Brief paragraph as to why you are a suitable person to supervise the applicant	
Name of Supervisee	
Nature of Supervisee's work and client group being supervised	
Dates of supervisory relationship (applicants need to provide evidence of two years post registration supervision in New Zealand) Frequency of contact with	
supervisee	

Nature of supervision e.g. live observation, documentation review, mix of case presentation and theoretical issues	
Does the supervisee demonstrate safe practice? If so, how do you judge this?	
Identify your supervisee's strength in practice	
Identify your supervisee's gaps in practice	
Do you have any particular concerns about the competence of your supervisee? If so, please specify	
What steps are you as a supervisor, and the supervisee, taking to rectify these?	
Please comment on the supervisee's knowledge and awareness of bi- cultural issues	
Do you know of any complainst upheld or current outstanding complainst against your supervisee? If so briefly describe the nature of the complaint	

Do you believe in terms of qualifications and competent practice, that the applicant should be admitted membership of the Institute and be granted the specialist status this implies? Are there other issues in relation to this application of which the Membership Committee should be aware? If so, please elaborate

Signature

Date:

On completion of this Report, place it in a sealed envelope marked "Private and Confidential to the Institute of Counselling Psychology" and return it to the Supervisee/ Applicant