



APPLICATION FOR ACCREDITATION AS A SUPERVISOR

The contents of this Application, when completed, are **CONFIDENTIAL**, and are to be viewed only by those appointed by the Counselling Association of South Australia Inc to conduct the Application Assessment and surrounding processes.

These office bearers are bound to keep all knowledge acquired in this process strictly confidential.

Name	
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- I am a current Clinical Member of CASA. My CASA Membership No is:
- I have had full membership of CASA or an equivalent professional body for a minimum of 5 years.
- I have provided a minimum of 60 hours of supervision over a maximum of three years immediately prior to this application.
- I include with this Application a Log of a minimum of 60 hours of Supervision provided to counsellors over a maximum of three years distinguishing between training and professional supervision and individual and group supervision (if group please provide the number of participants). [Notated as Appendix A]

Total Hours Logged:

- I include with this Application a Letter of Recommendation from my current Supervisor [Notated as Appendix B] including the following statement:

" XXX has a demonstrated capacity to work autonomously and ethically as a counselling supervisor and I see no obstacle to listing the Applicant as an accredited counselling supervisor.."
- I have satisfactorily completed a substantial structured training program in counselling supervision (minimum 30 hours)
Or
- I have satisfactorily completed some training in counselling supervision through short courses or workshops (minimum 10 hours)
Or
- I do not yet meet either of the above counselling supervision Training Requirements but undertake to satisfactorily complete some training in counselling supervision to meet the Training Requirements within 18 months of this Application *



Counselling Association of South Australia

Promoting excellence in counselling standards, practice and service

I include a copy of Certificates relating to any Counselling Supervision Training undertaken [Notated as Appendix C]

I include a copy of the course/workshop outline relating to any Counselling Supervision Training undertaken including contact hours [Notated as Appendix D]

Training Provider:Contact Hours:.....

Course Name:

I include a copy of Professional Indemnity Insurance which includes cover for counselling supervision [Notated as Appendix E]

I include a copy of a Certificate of Completion of a Child Safe Environment (Mandatory Reporting) workshop as undertaken in the past two years. [Notated as Appendix F]

I include a Police Check (not more than 6 months old). [Notated as Appendix G]

I, (name) _____

of (address) _____

do solemnly and sincerely declare that:

*all of the information provided in and with this Application is in all respects true; and
I know no reason why I should not be accredited as a supervisor by CASA.*

Signed _____ Date: _____

* There may be those members who are currently acting as supervisors and who do not yet meet the training requirements. Such members may apply for accreditation and be listed under a Provisional Category, on the condition that they meet the training criteria and upgrade their status within 18 months of their original application.

In the event that an applicant applies in line with government guidelines relating to Recognition of Prior Learning, it is the responsibility of the applicant to produce material evidence of having attained supervision competence equal to that learned in formal supervision training such as knowledge of models of supervision, matching supervision interventions to supervisee learning styles, consideration of the role of power in supervision, contracting in supervision, feedback in supervision, facilitating supervisee reflection, evaluation in supervision, and applying theory to practice in supervision.

**Please forward your Application and Supporting Documentation to the
CASA Secretary
PO Box 30 Kent Town SA 5071**