



PD1a: SUPERVISOR REPORT (1st Supervisor Report) GUIDANCE FOR THE SUPERVISOR

Give this sheet to your Supervisor with the Supervisor Report form.
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Practice Hours and Reporting Requirements

Students enrolled in the *Masters in Psychotherapeutic Practice: Humanistic Programme* are required to complete a total of 100 practice hours. A **Supervisor Report (PD1a/PD1b)** must be submitted after the first 50 hours, and a **final report** is required upon completion of the remaining 50 hours.

As the nominated Supervisor, you are responsible for confirming the supervision arrangements.

Once you have completed your report, please provide it to the student. The student will then sign it and submit it to the university as part of the programme's practice element requirements.

Please include a supervision contract or a letter confirming the supervision arrangements with your submission.

We may contact you as part of the assessment process.

If you have any questions or require further assistance regarding the report, please contact Katie Rudy, Counselling Lecturer/Trainer, at k.ruddy@uwtsd.ac.uk.

Thank you for your valuable time and commitment to this process.

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What action – as agreed with the student – would you take if either of you were concerned that the work might exceed the limits of his or her competence?

What action would you take to protect the applicant's clients if the standard of his or her work was poor at any time?



INTERIM SUPERVISOR REPORT

Part A Student's Details

Student's name:

Student's P number:

Part B Supervisor Details

Your name:

Address:

Daytime phone number:

Email address:

Profession or occupation:

Professional body:

Your membership number:

Please give your qualifications and experience as a supervisor and practitioner (including dates and institution of study):



Is there any professional (for example, line-management responsibility) or personal relationship between you and the applicant, other than for the purpose of this supervision?

YES ☐ NO ☐

If yes, please give details:



SUPERVISOR REPORT - continued

Part C The Supervision Contract

What supervision arrangement do you have with the student (tick all that apply)

Individual ☐

Peer ☐

Group ☐

Please complete a section for the arrangement / *all* arrangements that you have indicated above.

Individual supervision

Contract start date:	End date: (If still current, write 'on-going'.)
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Contracted frequency of sessions: weekly / fortnightly / monthly (Delete as appropriate)

Contracted length of sessions:

Peer supervision

How many peer members are there?

Contract start date:	End date: (If still current, write 'on-going'.)
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Contracted frequency of sessions: weekly / fortnightly / monthly
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(Delete as appropriate)

Contracted length of sessions:

Group supervision

How many supervisees are contracted to attend this group?

Contract start date:

End date: (If this supervision arrangement is still current, write 'on-going' for the end date.)

Contracted frequency of sessions: weekly / fortnightly / monthly

(Delete as appropriate)

Contracted length of sessions:



SUPERVISOR REPORT – continued

Part D **Supervisor Declaration**

Please **tick** the appropriate box and complete as applicable:

I have supervised all the case material that the student has provided for this report

Yes ☐

No ☐

Part E **Your supervision of the student's work**

As the student's Supervisor, what is your understanding of the student's theoretical orientation as applied to their work? Please give an example.



SUPERVISOR REPORT – continued

What is the student's understanding of an appropriate **Ethical Framework for the Counselling Professions**? Please give an example to show how this informs their client work.



SUPERVISOR REPORT – continued

Please comment on the student's use of supervision in general **and** give an example from specific case work you have supervised.



Any additional comments including any concerns you may have about the student's work:

Part F **Signatures** (please ensure these are original penned signatures)

Student's signature:

Date:

Supervisor's signature:

Date:

(adapted from BACP accreditation application process)



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David



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