**APPLICATION FORM FOR SUPERVISION DIPLOMA** **2024-2025**

To apply for the Diploma in Counselling Supervision course please complete this form and return by email to Physis Scotland **before 20th September 2024**. Please ensure you have included all of the supporting documentation included on page 3.

**DATES FOR SUPERVISION TRAINING 2024-2025**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Module 1** **October 2024** | **Module 2** **December 2024** | **Module 3****February 2025** | **Module 4****April 2025** | **Module 5****June 2025** |
| 19th & 20th October | 7th & 8th December  | 8th & 9th February | 5th & 6th April  | 7th and 8th June |

All supervision trainees are also required to complete 24 hours of supervised supervision practice in order to complete the course. This should be supervised by a supervisor of supervision in a ratio of 1 hour supervision of supervision to every 6 hours of supervision practice (4 hours in total). It is the student’s responsibility to find suitable supervisees. Physis Scotland will provide support with this if required.

**1. PERSONAL DETAILS**

|  |  |
| --- | --- |
| Name: |  |
| Gender/Pronouns: |  | Date of Birth: |  |
| Address (including postcode): |  |
| Landline: |  | Mobile: |  |
| Email: |  | Current Occupation: |  |
| Sponsoring Organisation if relevant: |  |

**2. REFEREES**

Please provide contact details for two referees. The first should be your current (or most recent) clinical supervisor. The second may be from a different source but may not be a friend or family member.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Organisation: |  | Organisation: |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| Relationship to you: |  | Relationship to you: |  |

**3. STATEMENT**

I wish to join the Supervision training group for the academic year 2024-2025.

I understand that completion of this form does not commit me to joining the Supervision training group and that my acceptance onto the Supervision programme is by the decision of Physis Scotland following the provision of satisfactory references.

Upon the offer of a place on the Supervision Training Programme I will receive a Registration document, the completion of which is my commitment to the full year of training. In the event that I do not complete the year, all fees are due, and the fees paid (including the deposit) are non-refundable.

|  |  |
| --- | --- |
| Signed: |  |
| Name:(printed) |  | Date: |  |

|  |  |
| --- | --- |
| It is very useful for us to know how you heard about our training. Please could you indicate using the boxes and give any additional information below: | 🞎 Internet search (eg: Google)🞎 Advertisement in ………………………🞎 Word of Mouth🞎 COSCA mailing🞎 Physis Website🞏 Other: …………………………..  |

**Before submitting your application, please make sure you have included/attached:**

|  |  |
| --- | --- |
|  | **Please insert a tick ✓****below to indicate included**  |
| A copy of your CV (a maximum of two pages containing details of your education, qualifications, work history, including any relevant voluntary work, and professional affiliations) |  |
| Copies of all counselling qualifications (minimum of Diploma level required) |  |
| Confirmation that you have worked as a counsellor or psychotherapist for 2 years post Diploma qualification, along with an indication of current caseload |  |
| Confirmation that you have completed a minimum of 450 practice hours |  |
| Confirmation that you are either practicing as a supervisor or will have the opportunity to supervise at least 2 supervisees working with adults over the duration of the course |  |
| Copy of Professional Indemnity Insurance certificate |  |
| Confirmation of professional memberships. For example: COSCA, BACP, UKCP, UKATA |  |
| A brief Personal Statement telling us why you are applying for this course at this stage in your career |  |