



British Association for Sexual and Relationship Therapy
Registered Charity No: 1101961
PO Box 13686, London, SW20 9ZH
Tel/Fax: 0208 543 2707 Email: info@basrt.org.uk Website: www.basrt.org.uk

Supervisor Report (Past)

NOTES FOR SUPERVISORS

Thank you for agreeing to complete this form to support the Candidate's application for Accreditation. Your opinion of the Candidate's standard of work, with the log, will be the major factor in the Candidate being accredited. Accreditation is a serious process, in order to protect the public and also to maintain high standards in the profession. The work presented needs to show the Candidate's ability to work therapeutically with clients over a period of sessions. If you have any doubts about whether the Candidate has achieved the standard required, you should contact BASRT for further clarification.

Before completing this form, please read Criteria for BASRT Accreditation, the Application Form and the Supervision Guidelines. It is also necessary that you should read, with the Applicant, the BASRT Codes of Ethics and Principles of Good Practice for Members and for Supervisors of Sexual and Relationship Therapy satisfying yourself that these have been fully understood by him or her, and will be adhered to. The Applicant is responsible for supplying you with the necessary material.

Thank you for your co-operation.

1. Applicant's Name:

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Address:

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2. Name of Supervisor:

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Address:

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Telephone No:

3. Have you previously provided BASRT details of your supervision?

Yes No

If 'Yes' please provide details.

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4. Are you an Accredited Member of BASRT?

Yes No

If 'Yes' move on to question 5.

If 'No', give details of your qualifications and experience in Sexual and Relationship Therapy.

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5. Are you a BASRT Recognised Supervisor?

Yes No

If 'Yes' move on to question 6.

If 'No', give details of your qualifications and experience in Sexual and Relationship Therapy.

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6. Main areas of your work.

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Please state the date that you started supervising the Applicant's work in Sexual and Relationship Therapy.

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7. Please state the nature of the Supervisor Contract.

Written? Yes No

If written, please enclose a copy of the contract.

Verbal? Yes No

8. Did you any formal or statutory responsibility for the Applicant's work in Sexual and Relationship Therapy?

Yes No

9. Was the supervision individual and/or in a group?

Both Individual Group

10. How many hours of supervision had you given the Applicant?

Telephone Individual Group

11. In relation to the Applicant's present standard of work please could you comment on the following:

Understanding of assessment process;

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Formulation of Client's problems;

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Ability to demonstrate the use of BASRT ethical framework in their work;

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Ability to hold boundaries;

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Ability to set tasks;

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Ability to work through blocks;

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Ability to end cases;

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Ability to refer on appropriately;

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Ability to use supervision;

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Evidence of CPD as a result of supervision.

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12. Having completed the above, did you have **any** anxieties about the Applicant's **clinical** work?

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13. Did the Applicant show evidence of being able to integrate the model of their therapy training with their theoretical model?

Yes

No

14. Did the Applicant demonstrate a commitment to continuing professional development?

 Yes No

15. Did the Applicant discuss the learning gained from CPD attended?

 Yes No

16. Did the Applicant continue to read relevant books/journals?

 Yes No

Supervisor's signature:

Date:

Applicant's comments:

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Please note, it is a requirement that the applicant signs the form.

Applicant's signature:

Date: