

**Collaborative Supervision Summary**

**You may use this log to keep your personal records, and if you are selected for random audit, please complete the declaration and ask your supervisor/s to countersign before submitting the form, only for the 12 months prior to the audit.**

 **If you are Supervisor and/or Trainer accredited, please indicate using C, S or T if the supervision was clinical, supervisory or training. If you only have practitioner accreditation, all supervision is clinical (C).**

 **If you are selected for random audit, please complete all sections and ask your supervisor/s to countersign before submitting.**

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| **Name:**  |
| **Membership Number:** |
| **12 month period from: to: (month and year)** |
| **Please list here details of all supervision sessions (including Supervisor and/or Trainer if you have those accreditations) within the** **twelve month period.**

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| **Date** | **Clinical/****Supervisory/****Trainer** | **Type & Method** *Eg group, individual, peer telephone, skype, face to face, video assessment, case discussion* | **Duration***(hours)* | **Supervisor/s Initials** |  **Content.***.* |
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| **Date** | **Clinical/****Supervisory/****Trainer** | **Type & Method** Eg group, individual, peer telephone, skype, face to face, video assessment, case discussion | **Duration** | **Supervisor Initials** |  **Content.** |
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| **Please tick any of the AREBT recommended elements used in any of your supervision sessions:** [ ] **Agenda setting for the Supervision session**[ ] **Risk & Safety (client/therapist/others), ethical issues**[ ] **Therapeutic or Supervisory relationship**[ ] **Case conceptualisation/formulation**[ ] **Discussion about therapeutic strategies; treatment planning; theoretical information**[ ] **Rehearsal, modelling and role playing of therapeutic techniques**[ ] **Experiential exercises and skills practice**[ ] L**ive samples (recorded or direct)**[ ] **Evaluating competence, including skills measures (such as CTS-R)**[ ] **Supervisee’s thoughts, attitudes and beliefs**[ ] **Review of Supervisory arrangement and experience – 2 way feedback** |
| **Additional Information:** Please state if you are aware of any gaps in your records, reasons and any remedial action taken/to be taken.**Declaration: I confirm that the above is a true account of my supervision record:****Signature**  **Date** Please confirm that you are maintaining clinical practice with a minimum of two client sessions per week or equivalent.Please also attach: **Clinical Supervisor Report** [ ] If accredited as Supervisor:Please confirm that you have delivered a minimum of 20 hours supervision over the last 12 months. Please also attach: **Supervisory Supervision Report** and **Supervisee Feedback Form**If accredited as Trainer:Please confirm that you have delivered a minimum of 20 hours training over the last 12 months.Please also attach: **Training Supervision Report** and **Training Evaluation (by trainee or provider)** |
| **Supervisor Countersignature/s***In order to act as a Clinical Supervisor for Supervisees with AREBT/BABCP Practitioner Accreditation, the Supervisor must be an AREBT/BABCP Accredited Practitioner, or trained and qualified in REBT/CBT to postgrad diploma level (or would meet minimum training standards) – is currently utilising REBT/CBT as a dedicated practitioner (ie; at least 50% of own clinical practice is /REBTCBT) – and is in receipt of specifically REBT/CBT supervision. Electronic signatures are acceptable.* *If you have Supervisor and/or Trainer Accreditation, at least some of your Supervisory and/or Trainer supervision or support (respectively) should be from a qualified CBT therapist.* ***Countersigned by Supervisor(s):******Signature*** ***Date*** ***Supervisor’s Name******Signature*** ***Date*** ***Supervisor’s Name******Signature*** ***Date*** ***Supervisor’s Name*** |