

**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.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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.**  *.* | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | **Date** | **Clinical/**  **Supervisory/**  **Trainer** | **Type & Method**  Eg group, individual, peer telephone, skype, face to face, video assessment, case discussion | **Duration** | **Supervisor Initials** | **Content.** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| **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*** |