

# Appendix 7: Supervisor declaration form

*If the supervisor signing this form has been working with you for less than one year you will also need to provide the details of your previous supervisor(s). Newly qualified practitioners with less than two years’ post-graduation experience are expected to participate in weekly clinical supervision for the first two years of post-graduation practice regardless of caseload.*

Request to move from the Interim Psychotherapist Scope of Practice to the Psychotherapist Scope of Practice / Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.

**I am applying to move from the Interim Psychotherapist Scope of Practice to:**

Psychotherapist Scope of Practice

Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

**This section to be completed by the applicant’s supervisor**

I have been supervising  since       *.* I believe them to be a fit, competent psychotherapist and support their application to move into thePsychotherapist Scope of Practice/ Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism.(circle the appropriate scope)

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| --- |
| 1. As far as I am aware, the applicant can communicate for the purpose of practising psychotherapy.   Agree  Disagree |
| 1. As far as I am aware, the applicant does not have any mental or physical health conditions that may impact on their ability to perform the functions required of a psychotherapist.   Agree  Disagree |
| 1. As far as I am aware, the applicant has no criminal convictions.   Agree  Disagree |
| 1. I am not aware of any information/matter at all that could give rise to the belief that this applicant may cause a danger to the public when practising in any area of psychotherapy.   Agree  Disagree |
| Any additional statement (please continue on separate document if necessary) |

**I declare that the above statement is true and correct**

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| --- |
| Name: |
| Address: |
| Registration number: |
| Contact phone numbers: |
| Date: |
| Signature: |