



Supervisor Reference Form

For completion by Supervisor

The minimum requirement for supervision is 1.5 hours per month in the first three years post-qualifying, and 1 hour per month after 3 years.

Registrant's Name (Supervisee):	
Your Name (Supervisor):	
Your Email address:	
Your Contact telephone no:	

Are you the registrant's line manager? **YES/NO**

Are you on the UKCP/AFT Directory of Approved Supervisors? **YES/NO**

Are you UKCP registered? **YES/NO** (If **NO**, please submit this form with a copy of your **current CV** for the College Registration Committee to review).

How long (approx.) have you provided this registrant with supervision? _____

Type of supervision	Retrospective	Live	Number of supervision sessions per year (e.g. 12 per year)	Length of each session (e.g. 1 hour per month)	How many are in the group?
Individual					NA
Peer (1-1)					NA
Supervision Group Leader					
Clinical Team or Peer group Consultation					

Recommendation:

- Would you recommend the registrant for UKCP Re-registration? **YES/NO**

Hand Signature:

Date