

**Association of Transpersonal and Emotional  
Release Counsellors Membership Application**

**Supervisor's Report**

**1. The Applicant**

Full Name: \_\_\_\_\_

**2. The Supervisor**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Qualifications (supervisory and clinical)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Details of supervision arrangements**

For how long have you been familiar with the applicant's clinical work as a counsellor

Frequency, type and duration of supervision

a) Frequency \_\_\_\_\_

b) Length of supervision \_\_\_\_\_

c) Group or Individual Supervision \_\_\_\_\_

d) If supervision occurred in a group, please state the number of group members

\_\_\_\_\_.

**4. Nature of the Applicant's work**

How much of the applicant's work is relevant to the application of Counselling in the Transpersonal, Somatic, and experiential field?

Substantial  Moderate  Minimal

Give a brief description of the context in which you understand the applicant to practice counselling:

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### 5. Professional competence of the Applicant

a) Please substantiate how well the applicant understands counselling theory particularly in relation to transpersonal, somatic, Jungian theory.

Substantial  Moderate  Minimal

Comments \_\_\_\_\_

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b) Please substantiate the level of the applicant's counselling skills particularly in relation to deep experiential and transpersonal work.

Substantial  Moderate  Minimal

Comments \_\_\_\_\_

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c) Please substantiate how well the applicant is able to critically evaluate her/his own practice.

Substantial  Moderate  Minimal

Comments \_\_\_\_\_

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d) Please describe how the applicant responded to the supervision process

Substantial  Moderate  Minimal

Comments \_\_\_\_\_

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e) Please substantiate the applicant's level of awareness of ethics (such as confidentiality, responsibility to clients, setting up practice, therapeutic integrity,)

Substantial  Moderate  Minimal

Comments \_\_\_\_\_

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f) Any other comments

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## 6. Requirements

Has the supervisee completed all the requirements below:

2. Experience: min 200 hours of counselling practice

Yes  No

3. Supervision: minimum 50 hours,

Yes  No

## 7. Declaration

I as the Principal Supervisor for (name of applicant) \_\_\_\_\_

I consider that he/she is a competent counsellor who is committed to professional development and ethical practice.

**Please tick one of the following:**

I give my support to this application in an unqualified way

I am prepared to support this application with the following qualification

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**Please circle where appropriate:**

**I have/have not** discussed this reference with the applicant.

**I am/am not** willing for details of my report to be discussed with the applicant.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you very much for your assistance.**

**Please return to:**

**Membership Officer**

**Eileen Divall**

**645 Majors Point Road**

**Ebor**

**NSW 2453**