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Application Form

Supervisor for Trauma and Mental Health-Informed Practitioners and Trainees

Are you eligible?

- Please note we are only accepting supervisors who fit the following criteria –
- Registered Child Psychotherapists, Educational Psychologists, Clinical Psychologists (with extensive clinical experience of working with children and teenagers), or Senior TISUK Trainer
- At least 900 clinical hours (400 should be post-registration)
- 3 years of supervised practise with children (and ability to produce a signed log) is essential
- · Attended a clinical training (psychology or psychotherapy) for at least 4 years
- Extensive personal psychotherapy
- Supervision training is an asset
- · An understanding of, sensitivity to and promotion of the imagination, creativity, image and metaphor in child therapeutic work and supervision
- · Ability to supervise using PACE and narrative competence as core values
- A knowledge base that is compatible with our interventions (requires reading Conversations that Matter by Dr Margot Sunderland)
- Evidence of minimum Level 2 safeguarding Certificate (taken in the last two years) please include certificate

Please complete this application form in BLOCK CAPITALS and in black ink

1. Personal Details				
Title: Dr / Mr / Ms / Miss / Mrs:				
Surname / Family Name:				
Previous Name:				
First Name(s):				
Home Address:				
Postcode:				
Telephone number (including STD code)				
Primary:				
Secondary:				
Email:				
Sex:	Male	Female	Prefer not to say / other	
Date of Birth:				

2. Psychotherapy Training	Clinical or Educational	Psychology Trainin	g (4 years minimum)
Institution – Name and Addre	ss Subject(s)	Grades / Division / Class	Date Started and Date Awarded
3. Membership of Profession	nal Organisations		
Institution	Name and Address		Date Membership issued
4. Details of Vocational Exp	erience in Education or	Work with Children	

5. Personal Psychotherapy (please give dates and number of sessions)						
6. Supervision Training (details of training dates and training hours)						
7. Summarise briefly your understanding and experience of supporting child therapeutic work with use of						
metaphor, creativity, imagery, arts e.g. sandplay						
8. Having read 'Conversations that Matter', how might you support a supervisee with the use of Big						
Empathy drawings, therapeutic stories and sandplay interventions?						

9. Personal Statement (Please continue on a separate sheet if required)
Why are you applying for the role of Supervisor for Trauma and Mental Health-Informed Practitioners and Trainees?
10. How did you hear about this role?

11. Name and Address of Referee(s)									
REFEREE 1					REFEREE 2				
Name:					Name:				
Post Held:					Post Held:				
Address:					Address:				
Telephone No:					Telephone No:				
Email:					Email:				
42 Ethnic O	ularia								
12. Ethnic Origin The Institute is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection from A-E to indicate your ethnic group and tick the appropriate box to indicate your cultural background									
A. White	British	Irish	Any other	r White back	ground (please	e specify be	elow):		
B. Mixed White and Black Caribbean White and Black African Any other Mixed background (please specify below):									
C. Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background (please specify below):									
D. Black or B	lack British	ı Carib	bean	African	Any other Bla	ck backgro	und (pleas	e specify b	elow):
E. Chinese or	other ethi	nic group	Chines	se Any o	other (please s	pecify belo	w):		
		Cou	intry of Birt	h:					
	Country	that you no	mally live i	n:					
Nationality/dual nationality (as per your passport):									
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13. Declaration I declare that the information given is true in all respects									
		3,,0							
Signature of A	pplicant:					D	ate:		