NZCCA Supervisor’s Report

Version updated 20 December 2024

# Supervisor’s Personal Details

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| --- | --- |
| Name of my Supervisee whom this report is completed for: |  |
| Level of NZCCA Membership my Supervisee is applying for: |  |

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| --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | Last Name |  | | |
| Preferred Name (if different) | |  | | | | |
| Work Address | Street Address | | | | RD No. | Post Code |
| Suburb | | Town/City | | Region | |
| Phone Number | |  | | | | |
| Email Address | |  | | | | |

**You may be contacted as part of your Supervisee’s application process. How would you prefer to be contacted - phone/email, any particular days/times that are or are not suitable?**

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I am an NZCCA-approved Supervisor.\*

\*Please note that this is required for this Supervisor’s Report to be relevant to your Supervisee’s membership application. If you are not yet an NZCCA-approved Supervisor, please submit a [Supervior application form](https://nzcca.org.nz/supervision/supervisor-application-instructions/). You will need to meet the criteria at the top of this application to be approved.

# Supervision Details

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| Date supervision relationship commenced: |  |
| Date of last supervision session: |  |
| Total number of supervision sessions with applicant: |  |
| Length of supervision sessions (approximate): |  |
| How often does supervision take place (approximate)? |  |
| Is supervision in-person, online, or a mix of both? |  |

**In the last 12 months, how much supervision has involved (in hours):**

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| --- | --- |
| Counsellor talking about clients: |  |
| Personal issues: |  |
| Other (please provide overview): |  |
| Total (in the last 12 months): |  |

**At least one counsellor/client video or audio recording is required to have been shared and discussed during supervision in the last 12 months. Please log this session(s) under the ‘Other’ heading above.**

I confirm that this has taken place.

# Supervisor’s Assessment

Please provide an assessment of your Supervisee’s skills with regards to the level of membership they are applying for. The ratings translate to:

* 1 = below expectations
* 2 = meeting expectations
* 3 = exceeding expectations
* NA = has not yet been raised in supervision

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| --- | --- | --- | --- | --- |
| **Skill** | **1** | **2** | **3** | **NA** |
| Ability to establish and maintain empathic relationships with clients |  |  |  |  |
| Demonstration of core counselling skills (e.g. client affect, body language, listening, assessment) |  |  |  |  |
| Understanding of cultural issues |  |  |  |  |
| Ensuring understanding of informed consent |  |  |  |  |
| Awareness of boundaries |  |  |  |  |
| Awareness of dual relationships |  |  |  |  |
| Awareness of transference, countertransference, and parallel processes |  |  |  |  |

**What do you consider to be the strengths of your Supervisee?**

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**What do you consider to be areas of development for your Supervisee?**

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**Comment on the types of issues your Supervisee would be competent to work with at this stage of their practice.**

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**Comment on your Supervisee’s suitability for NZCCA Membership, specifying the level of membership they are applying for, e.g. Provisional, Full.**

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# Declarations

**I certify, to the best of my knowledge, that my Supervisee has:**

Completed at least 200 supervised hours of face-to-face counselling.

Attended supervision regularly as per the [Supervision Requirements](https://nzcca.org.nz/supervision/continuing-professional-development-cpd/) webpage.

No previous criminal convictions, or any charges pending, other than minor traffic infringements.

No complaint(s) or concern(s) raised by any professional body or employer(s), past or present.

I declare that I have read my Supervisee’s completed Application Form, and we have discussed their suitability for NZCCA Provisional or Full Membership (at whatever level that they are applying).

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**Supervisor’s signature Date completed**

**NZCCA appreciates the time taken to complete this report.**

**If you have any questions or concerns about anything in this report or about the** [**NZCCA Supervision Requirements**](https://nzcca.org.nz/supervision/supervision-requirements/)**, please email Hannah Acheson (NZCCA Membership Coordinator) at** [**hacheson@nzcca.org.nz**](mailto:hacheson@nzcca.org.nz)**.**