

**CAT Modular Supervisor Training - Accreditation Submission Form**

*From October 2021 | revised May 2023*

**Name of Trainee Supervisor**........................................................................................................................................................

**Date of Submission**......................................................................................................................................................................

**Instructions**

Please scan/photograph the signed form and send via email, together with supporting documents, to maria.cross@acat.me.uk.

The Exam Board meets three times per year, usually in February, June, and October. Applications need to be received by ACAT at least three weeks prior to the Exam Board and before the closing date. Dates are available on the ACAT website: [www.acat.me.uk/page/exam+board](https://www.acat.me.uk/page/exam%2Bboard)

Please note: Accreditation cannot take place if payment of the training fee remains outstanding.

**Module 1: Supervision experience through core profession or employment or other therapeutic work role.**

**(Equivalent to 3 days)**

See relevant training and experience as outlined in my application **🞎**

Additional training and experience to meet this includes:

**Module 2: ACAT accredited Relational Skills Supervisor Training Course (3days)**

Please attach certificate of attendance **🞎**

OPTIONAL: ‘Sitting in’ with senior supervisor

* I sat in on a CAT supervision group for……………….months
* I took the lead / responsibility for………..…….cases in the group over the period of (dates)………………………………………….
* I met with the Senior Supervisor to discuss the group (frequency)………………………………………………………………………………

**Module 3: Clinical Practice**

I have supervised a CAT Supervision group of…………trainees for…………months from…………………..to……………………….

During this time I supervised……….…..cases

I met with my Senior Supervisor for…..hours every…….weeks, from …………..to……………...

Process used to assess practice *(e.g. audiotapes, feedback sheets)*

Summary of feedback from supervisees in your group (please attach feedback forms)

Apprentice Supervisor Comments

Senior Supervisor Appraisal of the satisfactory completion of Module 3

**Signature of Apprentice Supervisor**

**Date**

**Signature of Senior Supervisor**

**Date**

*Digital/electronic signatures are accepted*

**Module 4: Further learning (3 to 4 days)**

Please list details of your portfolio of supervision training events as follows with days attended.

Please attach attendance certificates:

CAT CPD:

Other modalities CPD:

CAT Supervision Workshops:

Other:

Observed and participation in supervision/consultation practice:

Other relevant clinical experience:

**Module 5: Optional: ACAT Trainers and Supervisors Events (1.5 days), attendance certificate attached 🞎**

**Module 6: Optional: Healthy Supervisor Workshop (1 day), attendance certificate attached 🞎**

**Total training days completed: …………………days**

**Written Work**

“I have submitted the following essay for examination towards accreditation”

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date submitted | \_\_\_\_\_\_\_\_\_ | Date passed | \_\_\_\_\_\_\_\_\_ |

**Supervisor Training Portfolio**

Please include your Supervisor Training Portfolio form signed by your supervisor.

**In submitting this application, I am confirming that I have completed all modules of the above training plan**

**Signature of Apprentice Supervisor…………………………………………………………………..Date…………………………**

**In supporting this application, I am recommending the applicant as a CAT supervisor and confirming that they have completed all elements of the above agreed training plan.**

**Senior Supervisor: Signed…………………………………Name…………..………………………….Date………………..............**

*Digital/electronic signatures are accepted*

*We are keen to receive your feedback on the components and process of supervisor training.*