**APPLICATION FORM FOR SUPERVISOR CERTIFICATION**

**FORM B. GRANDPARENTING ROUTE**

In order to be accredited as a supervisor by the European Association for Integrative Psychotherapy and register your contact details on the EAIP website you must sign the following statement:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print name in capital letters)

agree to the EAIP Registrar holding the information that I provide below on their computer database. I also declare that the information I give below is correct and accurate.

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

**Please print in capital letters the contact information below**

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

Address (please indicate the address you wish to have listed on the EAIP website): \_\_\_\_\_\_\_\_\_\_

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

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Correspondence address (if different from the above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Website (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am an ECIP holder since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please attach your European Certificate for Integrative Psychotherapy issued by the EAIP)

Please detail yor professional experience with clients (minimum requirement: at least 5 years of work with clients as a psychotherapeutic practitioner or the equivalent of 1,600 hours):

Experience as supervisor (please provide details of your experience as a supervisor: period, modalities, number of supervisees, number of supervision hours, philosophy of the supervision process, training programmes in psychotherapy supervision, relevant publications, other relevant details):

Curriculum vitae (please give us a short overview on your curriculum vitae with emphasis on your psychotherapy training, supervision activity and professional experience):

**Please note**

The completed application form in PDF format must be sent by e-mail to Andra Rampu, EAIP secretary, email address: andra@euroaip.eu

The completed application form should be sent with a confirmation of a bank transfer of 50 Euro. Fees may be transferred electronically as follows:

Name of Bank account European Association for Integrative Psychotherapy

Bank address Permanent TSB, Old Butterfield Avenue, Rathfarnham, Dublin 14

IBAN IE91 IPBS 9906 4272 2425 44

BIC IPBSIE2D

A certificate cannot be issued without completed and signed application forms and until payment is received by the Treasurer.

Registration as a supervisor is renewable annually at a fee of 50 Euro. You will automatically be informed when your registration is due for renewal. If you do not wish to renew your registration, your details will be removed from the EAIP register and website.