



**THE SOCIETY OF ANALYTICAL PSYCHOLOGY**

1 Daleham Gardens, London NW3 5BY

**APPLICATION FORM: SUPERVISION COURSE 2011/12**

Participants will be selected on the basis of this information

First Name ..... Surname ..... Title.....

Address .....

.....

.....

Telephone: Home ..... Work .....

E-mail address .....

Profession: .....

Professional Qualifications (degrees, diplomas): .....

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Dates and Details of Training in Analytic Psychotherapy / Analytical Psychology /  
Psychodynamic Counselling / Groups / Couples and Family : .....

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Current Professional Registration (BPC, UKCP, BACP Accreditation, or equivalent to  
one of these): .....

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Employer/s (if relevant) .....

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1. Please give dates, frequency and orientation of **personal analysis/psychotherapy**:

1.1 Please give the training organisation and registering body to which your analyst/psychotherapist(s) belongs:

2. Please give dates and orientation of **personal supervision**:

2.1 Please give the training organisation and registering body to which your supervisor(s) belongs:

3. Have you taken any other **course in supervision**? If so, give details:

4. **Past experience** of being a supervisor:

**5. Current experience of being a supervisor:**

5.1 What type of work do you supervise?

Counselling [ ] Psychotherapy [ ] Analysis [ ] Supervision of supervision [ ]

Psychodynamic [ ] Group Therapy [ ] Other Groups [ ] Humanistic [ ]

Cognitive Behavioural [ ] Other (e.g. Social Workers, Nurses, etc.) [ ]

5.2 Do you supervise ... ? Weekly [ ] Fortnightly [ ] Monthly [ ]

5.3 Is the work you supervise ... ? Long term [ ] Short term [ ] Both [ ]

" " " " " ... ? Individual [ ] In groups [ ] Both [ ]

5.4 Settings in which supervision takes place:

5.5 How many people do you supervise? Please describe their orientations, experience, trainings and the settings in which they work.

6. How did you hear about this course?

7. Please state your aims in attending this course. In particular, describe how you envisage using a psychodynamic approach in your own supervision practice.

8. State preferred options for supervision of supervision group in **order of preference**. **Tuesdays 3:20-4:50pm (SAP, Jan Wiener)**, **Tuesdays 3-4:30 (London N5 2SN, Catherine Crowther)** or **Fridays 10-11:30am (London N4 1RZ, Christine Driver)**,. In addition please state when you could make yourself available to attend a group (1 ½ hours) should these groups be full or should it be impossible for you to travel to them. *(Weekdays daytime only.)*

9. In which areas would you be able to attend a supervision of supervision group should the above groups be full or should it be impossible for you to travel to these groups (i.e. N/S/W/SW London, Oxford, Cambridge, Surrey, Sussex, North Derbyshire or Rutland)?

*N.B. All efforts will be made to place participants in a weekly supervision of supervision group. Should this not be possible, we will make every attempt to accommodate individual needs although we cannot guarantee matching your requirement. If it is impossible for you to travel to a group, individual arrangements with a designated SAP senior analyst may have to be arranged. Please discuss this with the course co-ordinator, Miranda Alcock on 01932 400056..*

10. Are there any ethical complaints against you, upheld, outstanding or in progress?

11. Lunch is provided on the Saturdays. Please state any dietary requirements.....  
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12. Will the disability chair lift be needed on the Saturdays? Yes/No .....  
N.B. The chair lift does not extend to the floor where the Tues/Wed supervision groups meet.

Signature: ..... Date: .....

**Fees** are **£1325** for the course payable to the SAP and **£900** for supervision of supervision, paid directly to your supervisor as invoiced. The full cost of both the course and the supervision of supervision will be incurred should the offer of a place on the course be accepted. In each of the three terms you will pay the SAP £475 (first term) £400 (second and third terms) in advance and your supervisor of supervision, £300 as invoiced. If fees are to be paid by your employer, please provide evidence of

authorisation. The deadline for receipt of the outstanding balance for the first term is 25<sup>th</sup> September 2011 and no refunds for cancellations made after that date will be given.

The Saturday Workshop **Programme** and a detailed **Information Sheet** for the Supervision Course can be found on the SAP website [www.thesap.org.uk](http://www.thesap.org.uk) under 'Training' or can be obtained from the Training Administrator, address below.

**Closing date** for receipt of applications is Monday 7<sup>th</sup> **September 2011**. There is a **non-refundable deposit of £45** which will be deducted from fees in the first term should your application be successful; please **enclose a cheque** for £45 made out to the Society of Analytical Psychology with your completed application form and post to The Supervision Course Administrator, Society of Analytical Psychology, 1 Daleham Gardens, London NW3 5BY. Tel: 020 7435 7696. Email [claire@thesap.org.uk](mailto:claire@thesap.org.uk) **We will contact you as soon as possible to let you know the result of your application.**