

COSCA COUNSELLING SUPERVISION CERTIFICATE COURSE

SUPERVISOR'S REPORT

Name of Supervisee:	
Name of Supervisor:	
Supervisor's Address:	
Supervisor's Email:	
Supervisor's Telephone:	
Date:	

Dates of sessions undertaken with supervisee as part of COSCA Counselling Supervision Certificate Course.

Information about yourself as supervisor:

- a) When and with whom was your Counselling Diploma (or equivalent) gained.
- b) When and with whom were you accredited?
- c) How many years practising as a counsellor/psychotherapist:
- d) Average number of clients in the past year per month:

- e) Your own supervision arrangements:
 - With whom?
 - How frequent?
 - How long each session?
- f) When and with whom was your supervision training undertaken?
- g) What qualification was gained?
- h) How many years have you been practising as a supervisor?
- i) How many supervisees seen per month on average this year:
- j) Any other information relevant to your practice as counsellor/psychotherapist or supervisor (e.g. work as trainer, publications, etc.) Submit separate sheet if necessary.