

# Federation of Drug and Alcohol Professionals



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Part of NAADAC - Registered charity no. 1075222

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## Supervisor report

This report is to be completed by the applicant's supervisor.

### Supervisors please note:

- Please ensure you have familiarised yourself with all the documentation relevant to this application - including FDAP's Code of Practice for Drug and Alcohol Professionals, and the Core Functions of Drug and Alcohol Counselling (the applicant should supply you with copies of both of these).
- Reports must be clearly written or typed. Any illegibility or incomplete sections will require the report to be returned for completeness.
- Additional supervisor comments relevant to the questions asked in this report may be added by attachment.

[Note - there should be six pages to follow.]

Applicant's Name:	<b>Office Use</b>
Counselling Supervisor's Name:  Address:   Tel No:	
Are you related to the applicant? (relatives are not normally acceptable as supervisor)	
Please state your qualifications and counselling experience:	
Please give a description of your supervisory/other relevant experience and/or qualifications in counselling supervision:	

<p>Please outline in brief your method/model of supervision:  <i>(ie the issues on which supervision focuses, whether supervision is group or 1:1, how long sessions typically last and how frequently they are normally held etc)</i></p>	
<p>Please outline the action you would take to deal with and ensure the protection of clients should the standard of work be poor at any time:</p>	
<p>Please give details of your supervisory contract with the counsellor  <i>(ie Are you employed or work in private practice? If the counsellor works for a treatment service, are you paid by the counsellor or by his/her employer? If the counsellor works for a treatment service, are you employed by the same agency or do you work independently? Do you have any statutory/formal responsibility for the counsellor's work - if yes, please specify?)</i></p>	
<p>Please detail the length of time you have supervised this applicant's counselling work -</p> <p>From: _____ ' To: _____ '</p> <p>How often you meet for supervision: _____ '</p> <p>Length of the sessions: _____ '</p>	

For a counsellor to be accredited they must demonstrate a thorough understanding of and competence in each of the 'Core Functions of a Drug & Alcohol Counsellor'. Please indicate for each of these whether the counsellor demonstrates the understanding and competence required.

**Screening**

The process by which a client is determined eligible and the counsellor's service appropriate

**Intake**

The administrative and initial assessment procedures for admission to a counsellor's service

**Orientation**

Describing the general nature and goals of the counsellor's service to the client

**Assessment**

Those procedures whereby the client's strengths, weaknesses, needs etc are identified

**Treatment planning**

The process whereby the client and counsellor determine a plan of treatment

**Counselling**

The utilisation of special skills

**Case management**

Bringing resources and people together to achieve established goals

**Crisis intervention**

The response to the client's need during acute distress

**Client education**

The providing of information to the client

**Referral**

Utilising support systems and community resources

**Reports and record keeping**

Charting the results and other client-related data

**Consultation with other professionals re. client treatment/services**

Relating with professionals to assure comprehensive care, i.e. supervision, medical etc

<p>State what you consider the applicant's model/approach as a counsellor to be (e.g. integrative/MET/CBT/12SF etc):</p>	
<p>Are you satisfied that the applicant has completed a minimum of 600 hours supervised counselling practice in group, couple or one to one settings?</p>	
<p>Are you satisfied that the applicant has completed a minimum of 300 hours supervised practice in the other core functions outlined above?</p>	
<p>Are you satisfied that the counselling was carried out in conditions suitable for the purpose?</p>	
<p>Please give your opinion on the applicant's overall quality of practice detailing any particular strengths or weaknesses of which you are aware:</p>	
<p>Please comment on how effectively you believe / understand supervision to be used and carried into the applicant's work:</p>	

Please give your opinion as to the applicant's understanding of and commitment to FDAP's Code of Practice:	
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**SUPERVISOR'S STATEMENT**

I confirm that the information given above is accurate to the best of my knowledge.

I have read the rest of the application for accreditation. I confirm that to the best of my knowledge the rest of the information in the application is accurate.

In my view the applicant is suitable to accreditation by FDAP.

I confirm that if I become aware of any aspects of the applicant's practice which gives cause for concern about their ongoing suitability for accreditation by FDAP and/or which may be in breach of FDAP's Code of Practice, I will draw this to FDAP's attention.

<b>Supervisor's Signature:</b>		<b>Date:</b>
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**Applicant's comments (if any):**

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<b>Applicant's Signature:</b>		<b>Date:</b>