**British Association of Play Therapists**

**An Ethical Basis for Practice:**

***‘To maintain the good practice of supervisees and protect clients’.***

**Application Pack**

**BAPT Approved Supervisor®**

**The Application Pack provides the following:**

Guidance notes for the application form

Application Form

Consultant/Supervisor Statement Form for Supervision of Supervision.

Sending your Application

The Assessment Process

**Please note: Applications will not be returned after assessment. Please retain a complete copy for your own records**.

**GUIDANCE NOTES FOR COMPLETING THE APPLICATION**

**Please read the “Preparing to become a BAPT Approved Supervisor®” before you apply.**

This application process is open to BAPT Full and Retired Members who provide individual supervision of play /child therapists and if successful will allow the use of the title BAPT APPROVED SUPERVISOR ®

**Complaints and refusals**

Please delete **YES** or **NO** to leave the correct answer showing:

|  |  |  |  |
| --- | --- | --- | --- |
| **1)** Is there a formal complaint against you currently being investigated by us or any other relevant professional body? (If yes, see below) | **YES** |  | **NO** |
|  |  |  |  |
| **2)** Has any formal complaint made against you been upheld by us or any other relevant professional body? (If yes, please provide a copy of the details of the complaint and outcome from the relevant body.) | **YES** |  | **NO** |
|  |  |  |  |
| **3)** Have you been refused recognition, certification or approval by any relevant professional body? (If yes, please provide a copy of the details of the refusal from the body concerned.) | **YES** |  | **NO** |
|  |  |  |  |
| **4)** Have you applied for Approved Supervisor® status by BAPT previously? (If yes, please include a copy of your decision letter/report.) | **YES** |  | **NO** |

**If you have answered YES to 1, we will be unable to accept your application for approval until the outcome of the investigation has been decided.**

If you are/have been the subject of a complaint where the complaint was upheld against you or a refusal of recognition, certification, or accreditation you must declare each incident on a separate sheet and enclose with your application.

**Contact Us**

The application forms, queries about the process and any other correspondence should be emailed to the Supervision Subcommittee at supervisors@bapt.uk.com

We aim to reply within 7 days.

By completing this form, you are agreeing the BAPT Supervision Subcommittee can contact any person/organisation mentioned in your application for verification purposes.

**GUIDANCE NOTES FOR COMPLETING CRITERIA 1-7**

**Criterion 1**  *Declarations for application.*

It is your responsibility to ensure you have a current PVG/ DBS disclosure certificate and obtain adequate professional indemnity insurance cover for your practice.

**Please only send your insurance certificate and PVG/DBS certificate with this application, if you have NOT submitted these forms with your current Full/Retired BAPT membership renewal.**

**Criterion 2**  *Play Therapy or Relevant Qualifications.*

You must be a qualified Play Therapist. Please tell us about your qualifications and any additional qualifications which support your application.

**We do not need a copy of your certificate/s.**

**Criterion 3**  *Play Therapy Practice*

* Have been a qualified **Full Member** Play Therapist for a minimum of 3 years.
* Worked in therapeutic practice for a minimum of 300 hours (Not including 100 hours as Newly Qualified Play Therapist)
* This work has been clinically supervised with the appropriate ratio of client work to supervision hours as set within the BAPT Guidance for Clinical Supervisors.
* Brief overview of the clinical play therapy work you have completed.
* Who your clinical supervisor was/is during this time?
* We will not be contacting your supervisor as part of this application; your declaration is sufficient.

**Criterion 4**  *Supervision practice before application can be an informal or formal arrangement that amounts to a minimum of 20 hours face to face. This should have taken place over a minimum period of one year and within the last three years.*

**Informal Supervision**

Please tick the informal supervision box if your practice is:

* Part of your work role
* Not independently contracted with payment
* With clients such as education staff, social workers, family support workers
* Team/Peer supervision
* Supervision of other therapists working with children
* Encourage reflective practice.
* Supervised by a clinical supervisor, clinical manager or line manager who may or may not be a play therapist e.g. clinical psychologist.

**Formal Supervision**

Please tick the formal supervision box if any of these apply to your clinical supervision practice:

* You have a supervisor and supervisee contract.
* This Is an independently paid role.
* It is with Play Therapists
* You have a contracted clinical supervisor of supervision
* You have been practicing for over 8 years before applying for BAPT Approved Supervisor® status.

If you are unsure how your experience applies, please contact us.

**Criterion 5**  *Have accessed professional development activities to support supervisory work.*

It is highly recommended that Play Therapists should have taken a basic supervision course that covers the practical elements of setting up as a Clinical supervisor such as:

* Supervisor and supervisee contracts
* Safeguarding procedures
* Developing a supervisory relationship
* Data gathering and sharing information.
* Dilemmas in supervision relationships

**Note:** If you have been working as a Play Therapy supervisor for over 8 years you would not have been required to do a supervision training course. This will not impact on your application as your years of experience will be accepted. For renewal there will be a requirement to do at least 5 hours of CPD related to supervision. Please refer to the BAPT Guidance for Clinical Supervision document for more information on setting up /being a Clinical supervisor.

**Criteria 6**  *Complete a reflective account of supervision practice. As a guide this will relate to supervisory arrangements which ended no more than 3 years ago or are ongoing.*

This section requires examples of supervision practice that show:

* Your personal approach to supervision work
* The models that underpin your way of working
* Your experience of being in a supervisory role
* How you deal with issues that may have arisen with your supervisee(s)
* How you experience and use supervision

Although you will use examples of your engagement with your supervisee(s), your responses will be centred on you, your work, and your understanding of BAPT Play Therapy Core Competencies, together with The Ethical Basis for Good Practice in Play Therapy (BAPT).

**Useful reading for this section:**

Becoming and Being a Play Therapist – Play Therapy in Practice – Eds Peter Ayling, Harriet Armstrong and Lisa Gordon Clark.

**Criterion 7**  *Who oversees your informal or formal supervisory practice?*

Please tell us about your current supervision support arrangements and identify whether this is a formal or informal arrangement. Who supervises you, their role to you, qualifications, experience, how often you meet.

We will also be asking for them to supply a short reflective statement of your skills in the role of supervisor.

**THE APPLICATION FORM**

 **Your details**

|  |
| --- |
| BAPT Membership Number:  |
|  |
| Title (Mr, Mrs, Ms, other):  |  |
|  |
| First name(s):  |
|  |
| Surname:  |
|  |
| Full Postal Address:  |
|  |
| Contact Phone Number:  |
|  |
| E-mail address:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| May we contact you by e-mail? | Yes |  | No |  |

**Declaration of Honesty & Consent for Data Storage n**

I declare that as far as I know, my application contains only true information. I hereby authorise the officers of BAPT to make such enquiries as they consider necessary to verify the information given. I understand that if any incorrect, incomplete or plagiarised information is discovered, my application for approval may be invalidated and my application withdrawn. Such matters may also be referred for consideration under the Professional Conduct Procedure.

I give permission for BAPT to store and process my data and understand that this will be held for no longer than a three-year period.

**YES/NO** (please delete as appropriate)

|  |  |  |
| --- | --- | --- |
| Applicant’s Signature |  | Date:  |

**Criteria 1 - Declaration for application**

Please delete **YES** or **NO** to leave the correct answer showing:

|  |  |  |  |
| --- | --- | --- | --- |
| I am currently a member of BAPT  |  **YES** |  | **NO** |
|  |  |  |  |
| I understand that I must remain a Full/Retired member to submit my application and practice as a BAPT Approved Supervisor® |  **YES** |  | **NO** |
|  |  |  |  |
| I agree to abide by the BAPT ‘*Ethical Basis for Good Practice in Play Therapy’* |  **YES** |  | **NO** |
|  |  |  |  |
| I have a current PVG/DBS (issued less than 3 years ago)PVG/DBS Number & Issue Date:  |  **YES** |  |  **NO** |
|  |  |  |  |
| I have professional indemnity insurance to cover my workPlease include Insurer Name & Policy Number:  |  **YES** |  | **NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| I am up to date with safeguarding training and apply this knowledge appropriately within my practice. |  **YES** |  | **NO** |

**Criteria 2 - Play Therapy and Relevant Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **University/College** | **Dates** | **Awarding Body** |
| **From** | **To** |
|  |  |  |  |  |

**Criterion 3 Play Therapist Practice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you over 300 hours of supervised play therapy practice?**Not including 100 hours of NQPT practice | **Yes****No** | **Have these supervised hours been submitted each year as part of your membership renewal ?** | **Yes****No** |

|  |
| --- |
| If you have answered No, to either question please state why: |

|  |
| --- |
| **Who is your current supervisor of your Play Therapy Practice?**  |
| Full Name:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BAPT Registered?  | Yes |  | No |  |

Please include details for the last 3 years only

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Employer** | **Job Title** | **Main Responsibilities** |
| **From** | **To** |
|  |  |  |  |  |

**Criterion 4 – Supervision practice**

Please tell us about your practice as a supervisor.

Remember, you should tell us about a minimum of 20 hours of practice in a supervisory capacity gained over a minimum of one year and within the last **3 years**.

**Informal Supervision Formal Supervision**

|  |  |  |
| --- | --- | --- |
| **Dates of practice** | **Your role, client type, setting and \*who supervised this practice.** **\****we don’t need details here just the role.* | **Total number of supervision hours** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total** |  |

**Criterion 5 – Professional activities / training**

Give a **brief** summary of the professional development activities to support supervisory work, this can take the form of CPD supervisor courses, group supervision or any relevant CPD development.

|  |  |
| --- | --- |
| **Dates** | **Professional activities/training** |
|  |  |
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**Criteria 6: Reflective Practice**

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| --- |
| **Criterion 6a -** The **Knowledge base** requires you to reflect on your knowledge and self-awareness of your role as a supervisor. * Your personal approach to supervision work
* How to develop a supervisory relationship
* How you apply the BAPT Play Therapy Core Competencies, together with The Ethical Basis for Good Practice in Play Therapy (BAPT)
 |
| In this space write a short reflective summary of up to 350 words |

|  |
| --- |
| **Criterion 6b** - The **Ethics, practice and competency** should focus on work with **two supervisees** to illustrate how you meet the criteria.* The models that underpin your way of working
* In what ways did you feel you supported the supervisees’ development?
* Reflect on your authority as a supervisor and how this might impact on the supervisees.
* Did you seek feedback from your supervisees on the supervision relationship?
* How did you deal with issues that may have arisen with your supervisees?
* How did you use your own supervision of supervision and how did this support your developing practice?
 |
| In this space write a reflective summary of up to 500 words |

|  |
| --- |
| **Criterion 6c-** Reflect on the difference between face to face and online supervision. Explore the benefits and the possible pitfalls of the two types of supervision. |
| In this space write a reflective summary of up to 250 words |

**Criterion 7 -Supervision of Supervision Practice**

**Guidance for the Consultant /Supervisor**

A **Consultant/Supervisor Statement** is required as part of the application for BAPT Approved Supervisor® status. As a nominated referee/supervisor of supervision/ could you confirm the consultancy/support arrangements for the applicants developing practice of Supervision.

Prior to completing the statement, you should read the applicant’s **Criterion 6a,6b** and **6c reflective practice summaries** to inform the responses in your statement.

When you have completed your reflective statement, please give it to the applicant to send it in with their application form.

We may contact you as part of the assessment process.

If you have any questions about this process please email: supervisors@bapt.uk.com

*Thank you for your time and commitment to the approval process.*

**REFLECTIVE STATEMENT FROM**

**CONSULTANT/SUPERVISOR OF SUPERVISION WORK**

|  |  |
| --- | --- |
| Applicant’s Name: |  |

|  |  |
| --- | --- |
| Consultant’s Name: |  |

|  |  |
| --- | --- |
| Consultant’s Address:*Personal or Professional* |  |

|  |  |
| --- | --- |
| Consultant’s Daytime Contact Number: |  |

|  |  |
| --- | --- |
| Consultant’s Email address: |  |

|  |  |
| --- | --- |
| Role or relevant experience: |  |

|  |  |
| --- | --- |
| Is there any professional or personal relationship between you and the applicant other than for the purpose of supervision? | **YES / NO** |

|  |  |
| --- | --- |
| If Yes, please give details: |  |

|  |  |
| --- | --- |
| How long have you known the applicant? |  |

|  |
| --- |
|  Informal or formal arrangement:  |

|  |
| --- |
|  Frequency and length of sessions:  |
|  |
| Which practice does this arrangement cover?  |

**Please give a short reflective statement on the skills demonstrated by the applicant in their supervisory role.**

|  |
| --- |
|  |

**What do you consider are the strengths and developmental needs of the applicant?**

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| --- |
|  |

|  |  |
| --- | --- |
| Do you have any concerns regarding the applicant’s suitability to practice as a Play Therapy supervisor? If so, please give details here: |  |

**I confirm that the evidence provided to demonstrate that the criteria have been met has been discussed in our consultation.**

|  |  |
| --- | --- |
| Consultant’s Signature: |  |
| Date: |  |

**SENDING US YOUR APPLICATION**

**Please read the following notes before emailing your application**

*Please email us:*

* Your original application form, including a completed *Consultant Reflective Statement*.
* Pay the \***£50** fee for this application. We accept bank transfers – please see BAPT’s bank details below.
* Acceptance of payment does not mean you have been approved.
* Confirmation of receipt will be sent by e-mail if you have provided a valid email address.
* We will not return your application and it will be destroyed after assessment, **please** keep a copy of your application for your own records.

**\*This fee is correct at March 2024.**

From time to time, we review our fees. Please check the website or call us to find out the current fee.

**THE ASSESSMENT PROCESS**

Please note BAPT supervision application process is supported by members who offer their time on a voluntary basis.

We cannot give any indication of whether your application will be approved before payment as each application is anonymously reviewed.

Where possible, the application will be processed within a period of three months. However, at times this may take longer and you will be informed of any delay.

If there are any queries regarding your application, you will be contacted, generally by email. Please make sure your email address is correct on your application and it is an address that you check regularly.

If you have not met all the criteria, your application will be deferred. You will receive feedback which will identify what you need to do in order for your application to progress. You will then have up to 12 months to make a resubmission **WITHOUT** having to pay again. After this time, you will need to do a new application submission and pay the corresponding fee.

If you have met all the criteria, you will receive confirmation of your approved status.

From September 2024 you will be required to renew and maintain your approved status on an annual basis at a fee of £30. You will also be asked to ensure you have completed 5 hours of relevant supervision CPD a year.

**PAYMENT DETAILS**

|  |
| --- |
| The fee is £50. Please quote your membership number and/or name on ALL payment methods. *If we can’t identify payment it may result in suspension of approval*. |
| **Payment Method** | **Choice** |
| **Bank Transfer**HSBCSort Code: 40-30-24Account Number: 41808591 Account Name: British Association of Play TherapistsReference: Your name and BAPT membership number | Y/N |
| **PayPal** Via the BAPT website | Y/N |