

**British Association of Play Therapists**

**An Ethical Basis for Practice:**

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

**Application Pack for BAPT Approved Supervisor® title**

**The Application Pack provides the following:**

Guidance Notes

Application Form

Guidance for Consultant (Supervision of Supervision)

Consultant Statement Form (Supervision of Supervision)

Sending your Application and Fee Payment

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**

These notes provide general guidance on making your application. **Please read all the information in the application pack before you apply. If you have any questions about your eligibility to meet the criteria 1-8 please email:** **supervisors@bapt.uk.com**

**Filling in Your Application**

This application process is open to members and non-members who provide individual supervision to play /child therapists and if successful will allow the use of the title “BAPT Approved Supervisor ®”

All applications should be emailed to supervisors@bapt.uk.com and info@bapt.uk.com and confirmation will be sent by email on receipt of your application.

If we have any queries about your application, we will contact you by e-mail.

Your application will be reviewed and a decision made within three months from receipt. In most cases we hope to have a decision within 6 weeks.

BAPT reserves the right to contact any person/organisation mentioned in your application for verification purposes.

**Guidance for Completing Eligibility Criteria 1-8**

**Criterion 1** *Membership, complaints and ethics*.

Please delete YES or NO as appropriate.

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.

**Criterion 2**  *Covered by professional indemnity insurance*.

It is your own responsibility to obtain adequate professional indemnity insurance cover for your practice. Please send a copy of your insurance certificate to BAPT.

**Criterion 3**  *Qualifications.*

Please tell us about your qualifications as a therapist/supervisor and any additional qualifications which support your application.

Please note that applicants who are not BAPT or PTUK Play Therapists must be appropriately qualified and experienced therapists with specialist experience of working with children and young people. This could include one of the following:

1. ACP/ UKCP registered Child Psychotherapist or Psychotherapist
2. HCPC registered Art Therapist – includes Arts therapist, drama therapist, music therapist.
3. BPS Chartered Clinical Psychologist
4. UKCP registered Family Therapist
5. FRCP registered Child and Adolescent Psychiatrist

**Criterion 4**  *Have been qualified for a minimum of 3 years and worked in therapeutic practice for a minimum of 150 hours on application to be a supervisor. This work should have been clinically supervised with the appropriate ratio of client work to supervision hours as set by BAPT.*

Please detail the clinical work you have completed and who your clinical supervisor was during this time.

**Criterion 5**  *Have delivered at least 20 contact hours of supervision over a minimum period of one year and within the last three years.*

Please give a short summary of the hours you have completed as a supervisor and the type of clients you have been supervising i.e. social work, team supervision, child therapists, etc.

Supervision may take place in a variety of settings which may include telephone and online working; however, the supervision hours for this application **must** include a minimum of 10 hours face to face supervision.

All supervision hours must be supported by a formal supervision contract between the supervisor and supervisee.

**Criterion 6**  *Have accessed professional development activities to support supervisory work.*

**At the present time it is not compulsory to do Supervision training** however there is an expectation that a BAPT Approved Supervisor® would continue to develop supervision practice through professional training.

Please give a short summary of the professional development activities to support supervisory work, this can take the form of CPD supervisor courses, group supervision or relevant CPD development.

**Criteria 7**  *Complete a reflective account of supervision practice.*

This section requires examples of supervision practice that show your personal approach to supervision work and the models that underpin your way of working and how you deal with issues that may have arisen with your supervisee(s).

Although you will use examples of your engagement with your supervisee(s), your responses will be centred on you and your work. Examples should be drawn from recent work. As a guide this will relate to arrangements which ended no more than 3 years ago or are ongoing.

**Recommended reading for this section:**

Creative supervision- The use of expressive arts methods in supervision and self-supervision by Mooli Lahad

Supervision can be playful – Techniques for child and play therapist supervisors Edited by Athena A. Drewes and Jodi Ann Mullen.

**Criterion 8**  *Have in place arrangement(s) for access to consultative support for the supervision work.*

Please tell us about your current consultative support arrangements. You should ask your current Consultant to complete the Consultant Statement on the form. They will require a copy of Criteria 7 to inform their statement. They should then return the completed form to you, to send in with your application.

**NB**: If your current Consultant **did not** supervise the client work that you have discussed in Criterion 7 you will need an extra Statement from the Consultant who did. Please note that consultative support is **in addition to** the supervision of your own client work.

**The Application Form**

**Your details**

|  |  |
| --- | --- |
| BAPT membership number: |  |
|  |
| Other professional organisation(s) and registration number(s) |  |
|  |  |
| Title (Mr, Mrs, Ms, other):  |
|  |
| First name(s):  |
|  |
| Surname:  |
|  |
| Previous Surname (if relevant):  |
|  |
| Date of Birth:  |
|  |
| Address:  |
|  |
| Postcode:  |  |
|  |  |
| Daytime contact number:  |
|  |
| E-mail address:  |
|  |
| May we contact you by e-mail? | Yes |  | No |  |  |

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

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)

|  |  |
| --- | --- |
|  | Signature:  |

|  |  |
| --- | --- |
|  | Full Name:  |

|  |  |
| --- | --- |
|  | Date:  |

**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** |
|  |  |  |  |
| 1. 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** |
|  |  |  |  |
| 1. 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** |
|  |  |  |  |
| 1. 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 number 1 - we are unable to accept your application for approval until the outcome of the investigation has been decided.**

**Criteria 1 and 2 - Eligibility for application**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. I am currently a member of BAPT and/or **other** professional organisation recognised by BAPT.
 |  | **YES** |  | **NO** |
|  |
| 1. I understand that I must remain a member in order to submit my application and practice as a BAPT Approved Supervisor®
 |  | **YES** |  | **NO** |
|  |
| 1. I agree to abide by the BAPT ‘*Ethical Basis for Good Practice in Play Therapy’*
 |  | **YES** |  | **NO** |
|  |  |  |  |  |
| 1. I have a current DBS/PVG Enhanced Certificate (issued less than 3 years ago) **please send a copy of your certificate with your application**
 |  | **YES** |  | **NO** |

|  |  |
| --- | --- |
| DBS/PVG Number: |  |
|  |
| Date of Issue: |  |
|  |
| 1. My above DBS is on the Update Service and I give BAPT permission to check it online
 | **YES** |  | **NO** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. I am covered by Professional Indemnity and Public Liability Insurance either: \*Personally OR by my \*Employers Policies **(\*Please delete as appropriate).**
 |  | **YES** |  | **NO** |

|  |  |
| --- | --- |
| Policy Number: |  |

|  |  |
| --- | --- |
| Insurer: |  |

**Please submit a copy of your Insurance Policy with this application form**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. I am up to date with Safeguarding training and apply this knowledge appropriately within my practice.
 | **YES** |  | **NO** |

**Criteria 3 - Qualifications**

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

**Criterion 4 - Your practice as a therapist**

Please list all employment undertaken (a minimum period of 3 years is required)

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

**Criterion 5 - Supervision**

Please tell us about your practice as a supervisor.

Remember, you should tell us about a minimum of 20 hours of practice as a supervisor which have been gained over a minimum of one year and within the last 3 years.

|  |  |  |
| --- | --- | --- |
| **Dates of Practice** | **Your Role, the Place and Setting for this Practice** | **Total Number of Supervision Hours** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total Hours:** |  |

**Criterion 6 – Professional activities/training**

Please list professional activities/training that has supported your work as a supervisor.

|  |  |
| --- | --- |
| **Dates**  | **Professional activities/training** |
|  |  |
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**Criteria 7: Reflective Practice**

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| --- |
| **Criterion 7a -** The **Knowledge base** requires an account of how you draw on your knowledge and self-awareness to inform your work as a supervisor.* The values and beliefs that underpin your practice.
* The knowledge base that informs your work with supervisees.
* How you introduce/maintain the supervisory contract.
* Establishing the supervisory relationship.
 |
| In this space write a short reflective summary of up to 500 words but no less than 250 |

|  |
| --- |
| **Criterion 7b** - The **Ethics, practice and competency** should focus on work with one supervisee to illustrate how you meet the criteria.* How you facilitate a supervisee’s development including how you draw on your authority as a supervisor.
* How you have drawn on the Ethical Basis for Good Practice in Play Therapy to consider a dilemma arising in your work with a supervisee.
* How you assess and monitor the supervisees’ level of competence.
* How you would address the issue of a supervisee’s fitness to practice as a practitioner.
* How you monitor and develop your competence as a supervisor.
 |
| In this space write a reflective summary of up to 1000 words but no less than 750 |

**Criterion 8 - Consultative support** **(Supervision of Supervision Practice)**

Please enter details of your current arrangement for access to consultative support. If you have more than one current arrangement, please copy this form and complete as necessary.

|  |
| --- |
| Consultant’s name:  |
|  |
| Consultant’s address:  |
|  |
| Postcode: |  |
|  |
| Consultant’s Qualification/s:  |
|  |
| Contract start date:  |
|  |
| Contracted frequency of sessions:  |
|  |
| Contracted length of each session:  |
|  |
| Which practice does this arrangement cover?  |
|  |
| Is, or was there, any professional or personal relationship between you and your Consultant, other than for the purpose of this support?  | **YES** | **NO** |
|  |
| If yes, please explain:  |
|  |

**Guidance for the Consultant**

**Give this sheet to your Consultant with the Consultant Statement Form**

A **Consultant Statement** is required as part of the application for BAPT Approved Supervisor® status.

As a nominated consultant you should confirm the consultancy/support arrangements. Prior to completing the statement, you should read the applicant’s **Criterion 7a and 7b** **reflective practice summaries** in order to inform the responses in your statement.

When you have completed your statement, please give it to the applicant. They will send it to BAPT with their application form.

We may contact you as part of the assessment process.

If you have any questions about your statement please email: supervisors@bapt.uk.com

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

**Statement from Consultant of Therapy Supervision Work**

**Supplementary sheets may be added**

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

|  |  |  |
| --- | --- | --- |
| Applicants BAPT Membership Number: |  |  |

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

|  |  |
| --- | --- |
| Consultant’s Full Postal Address: |  |

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

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

|  |  |
| --- | --- |
| 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? |  |

**Please comment on the following:**

How does the applicant monitor and maintain his/her competence as a supervisor and in what way does the applicant’s work reflect his/her awareness of the BAPT’s Ethical Basis for Good Practice in Play Therapy?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

How does the applicant use the time with you effectively?

|  |
| --- |
|  |

Do you have any concerns regarding the applicant’s suitability to practice as a Play Therapy Supervisor?

 **Yes / No**

|  |
| --- |
| 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: |  |
| Consultant’s Full Name |  |
| Date: |  |

**Sending Us Your Application**

**Please read the following notes before you email us your application**

Please email supervisors@bapt.uk.com and info@bapt.uk.com

* **Your original application form**, including a completed **Consultant Statement**. Please also send a **copy of your current and valid DBS/PVG Certificate, Insurance Policy and Safeguarding Certificate.**
* **Pay the £50\* fee for this application.** We accept BACS/Online Bank Transfer payments only. **\*This fee is correct as of September 2023. From time-to-time BAPT reviews its fees. Please check the website or contact** **info@bapt.uk.com** **to confirm current fees.**

**Acceptance of payment does not mean your application has been approved.**

Please pay the fee directly into BAPTs following account:

HSBC

Payee: British Association of Play Therapists

Sort Code: 40-30-24

Account Number: 41808591

Reference: You MUST quote your membership number, or your full name.

**Confirmation of receipt will be sent by e-mail if you have provided a valid e-mail address. We will not return your application and it will be destroyed after assessment, please therefore keep a copy of your application for your own records.**

Please share links below to your Play Therapy related social media profiles so that the BAPT Social Media Team can follow, engage, promote and share your posts.

**The Assessment Process**

When we receive your application we will acknowledge this by email.

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

Where possible, the application will be processed within a period of three months. However, exceptionally this process may take longer.

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

If you have met all the criteria you will receive confirmation of your approved status. From September 2025 you will be required to renew and maintain your approved status on an annual basis at a fee of £30.

If you have not met all the criteria, your application will be deferred, and 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. After this time you will need to do a new application submission and pay the corresponding fee.