

# Supervisors Association of Ireland



Suitably qualified *Associate Members* of SAI may apply for Full Membership.

## **Criteria for Full Membership**

### **Section 1: Core Training Programme**

Applicants are required to ***give evidence***<sup>1</sup> of having satisfactorily completed a **Core Training Programme in Supervision** recognised by SAI.

Minimum requirement is *one year full time* or *two year part-time training* at a:

- (a) Third Level Institute recognised by SAI
- (b) Training Centre/ Programme recognised by SAI

### **Section 2: Supervisory Practice**

Applicants are required to give evidence of having completed 50 hours of supervised practice. (practice during training may be included 40 hrs max.)

A completed ***SAI Supervisor Report*** Form<sup>2</sup> must be submitted with the application for Full Membership.

### **Section 3: Code of Ethics**

Applicants are required to formally ***accept*** and ***abide*** by the SAI Code of Ethics.<sup>3</sup>

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<sup>1</sup> Programme details and photocopies of awards must be submitted with the application. (No originals please as they will not be returned)

<sup>2</sup> See Full Membership Application Form page 6

<sup>3</sup> Available on the SAI website [www.saivision.ie](http://www.saivision.ie)



## **Supervisors Association of Ireland**

### **APPLICATION PROCESS**

Suitably qualified *Associate Members* of SAI may apply for Full Membership.

The *completed form* together with all photocopies (no originals please as these will not be returned) of *relevant documentation*, copies of certificates, supervisor's reports along with a *Processing fee* of 40 euro *marked confidential* and *posted* to: Supervisors Association of Ireland

An Croi Wisdom Institute, Tullyallen Village, Drogheda, Co. Louth.

The Processing fee will be determined annually by the Board of Directors.

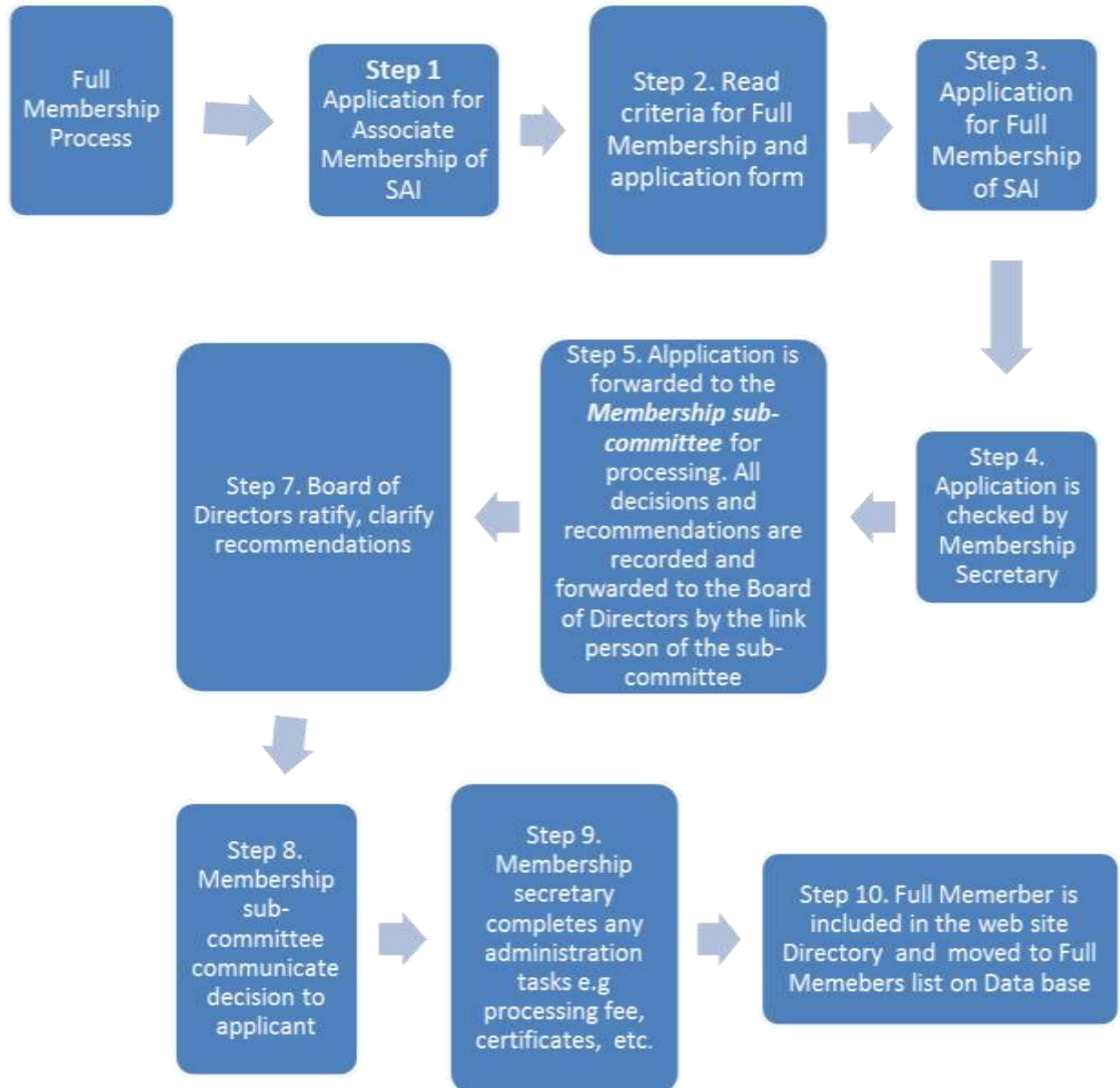
### **REVIEW OF CRITERIA**

The Board of Directors will periodically review the above criteria with Full Members of SAI and propose any changes.

### **BENEFITS OF FULL MEMBERSHIP**

- Part of a self-governing non- profit organisation, which promotes cross professional supervision and a code of ethics and discipline amongst its members
- To help promote high standards and best practice among members
- Receive a certificate of full membership
- May represent oneself as a **Full Members** of SAI (**MSAI**)
- Inclusion in the Web Directory of Full Members
- Part of an international network through SAI and ANSE
- Continuing Professional Development opportunities
- Avail of a reduced fee at SAI conferences, workshops
- Receive the SAI Newsletter and Research Updates
- Updated on issues in the world of supervision practice, training and research

# PROCESS CHART





**APPLICATION PORTFOLIO**

**for**

**FULL MEMBERSHIP**

**of**

**Supervisors Association of Ireland**

**Confidential**

*Applicants are advised to read the **'Criteria for Full Membership'** before completing this form.*

**PERSONAL DETAILS**

Surname

First Names

Correspondence Address

Email

Date of Birth

Telephone (Work)

Mobile

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Present Occupation

Professional Membership of other organisation(s) \_\_\_\_\_  
\_\_\_\_\_

**Associate Member of SAI** since: **Date:** \_\_\_\_\_

Code of Ethics

I have **read, understood** and I am **willing to abide** by  
the SAI Code of Ethics.

**Signed:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Processing Fee: (40e)**

I have included the Processing fee of € \_\_\_\_\_

**Office use only:** Receipt Number \_\_\_\_\_ Date received \_\_\_\_\_

**Section 1: Core Training Programme in Supervision** (for details see Criteria for Full Membership)

**Professional and other qualifications/ courses/ programmes**

*Evidence of successful completion of core course training and course details must be submitted with this form. Photocopies of all relevant certificates etc. must be attached,*

Title of Award	Grade Awarded	Date Started	Date Finished	Awarding Institution/Centre
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other relevant Professional qualifications/ courses/ programmes

Title of Award	Grade Awarded	Date Started	Date Finished	Awarding Institution/Centre
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Section 2: Supervisory Practice**

**(a)** Details of experience as a Supervisor during training:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(b)** Post Training experience as a Supervisor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# Supervisors Association of Ireland

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E: [info@saivision.ie](mailto:info@saivision.ie)  
W: [wwwsaivision.ie](http://wwwsaivision.ie)



## **SUPERVISOR'S REPORT FORM**

*This report form must be completed and returned to the applicant by the Supervisor for inclusion with the application form*

**CONFIDENTIAL**

<p>1. Name of <b>Supervisor</b>: _____ Address: _____ _____ _____ Telephone Number: _____ Email _____ Supervisor Qualifications/Accreditation: _____ Professional Memberships: _____ Model of Supervision: _____</p> <p>2. Name of Applicant/ <b>Supervisee</b>: _____ Period of Supervision: From _____ to _____ Frequency of Supervision: _____ Total number of Supervision Hours: _____</p>
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3. Evaluate the following on a scale of 1 to 5 (5 being the highest)

Attendance at supervision  Preparation for supervision

4. Does the supervisor have an ability to establish an effective learning relationship within the supervisory process? \_\_\_\_\_

5. What do you consider makes the applicant a competent supervisor?

\_\_\_\_\_

6. Does the supervisor have a developing awareness around issues of parallel process, transference, and counter transference? \_\_\_\_\_

7. Has the supervisor a capacity for critical self reflection on assumptions?

\_\_\_\_\_

8. Is there any reason why, to your knowledge, that the applicant should not be admitted to Full Membership of SAI?

7. Please give an overall comment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Supervisee \_\_\_\_\_ Date \_\_\_\_\_