

Supervisors Association of Ireland (SAI) CLG



APPLICATION FORM for FULL MEMBERSHIP of Supervisors Association of Ireland

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

PERSONAL DETAILS

Surname	
First Name	
Correspondence Address	
Email	
Telephone	
Present Occupation	
Associate Member of SAI since	

Please note: Only Associate Members of SAI may apply for Full Membership of SAI

I wish to apply for full membership of SAI

Applicants signature _____

Date _____

Office use only:

APPLICATION FORM RECEIVED (date) _____

CURRENT ASSOCIATE MEMBER OF SAI _____

SUCCESSFUL COMPLETION of CORE TRAINING _____

RELEVANT CERTIFICATES SUPPLIED _____

SUPERVISOR REPORT FORM _____

WILLING TO ABIDE BY SAI CODE OF ETHICS _____

RECEIPT of PROCESSING FEE _____ cheque/online

Recommended for Full Membership of SAI _____

Not recommended for Full Membership of SAI _____

Further upskilling needed yes no

Signed on behalf of the sub-committee

Completion Date: _____

Applicant Checklist

I signed that I wish to apply for Full Membership of SAI.

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

I have submitted the processing fee of
€ _____ (40euro)

Relevant documents attached

1. Educational certificates
2. Supervisor's report
3. Philosophy

Membership of other professional organisations

1.	
2.	
3.	

SAI CODE OF ETHICS & Professional Practice please tick

I understand that it is my responsibility to maintain insurance, adhere to garda vetting if needed, participate in ongoing continuing professional development and supervision.

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

Signed: _____ Date : _____

EDUCATION and TRAINING DETAILS

Section 1: Core Training Programme in Supervision

Core Training Programme	Title of Award	Awarding Institute/Body	Award Granted	Date started	Date finished
Other relevant qualifications / training or CPD in supervision					

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

Section 2: Supervisory Practice

Details of practice as a Supervisor during training:	
Details of experience as a Supervisor since completion of training:	

Section 4 : Supervision Philosophy Statement

Please attach with your application a statement of your developing philosophy of Supervision

My Developing Philosophy/ Model of Supervisory Practice (200 words max)

Signed: _____ Date: _____

CONFIDENTIAL SUPERVISOR'S REPORT FORM



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

Name of Supervisor	
Address	
Telephone No.	
Email Address	
Supervisor Qualifications	
Model of Supervision	

Name of Applicant/ Supervisee	
Period of Supervision	From: To:
Frequency of Supervision	
Total number of Supervision Hours	

<p>3. Has the applicant demonstrated an engagement in the process of supervisory practice by appropriate preparation and commitment to attendance</p>	
<p>4. Has the applicant demonstrated an ability to establish an effective learning relationship within a cross-professional supervisory process?</p>	
<p>5. What would you identify as a key strength that supports the applicant as a competent supervisor?</p>	
<p>6. Has the applicant demonstrated a developing awareness around issues pertinent to supervision such as parallel process, meta-stance, evaluation & feedback and reflective practice?</p>	
<p>7. Has the applicant demonstrated a capacity for critical self -reflection on assumptions (CSRA)?</p>	
<p>8. Is there any reason why, to your knowledge, that the applicant should not be admitted to Full Membership of SAI?</p>	
<p>9. Does the applicant demonstrate engagement with and understanding of Cross-Professional Supervision?</p>	

Signature of Supervisor _____ Date _____

Signature of Supervisee _____ Date _____