

Who should apply?

Applications are open to suitably qualified counsellors, psychotherapists and psychologists for the purpose of professional development in psychotherapy supervision.

Module aim:

Participants will engage in the study and critical discussion of the dominant modes, conceptual and theory bound models underpinning psychotherapy supervision.

Module content to include:

- Theoretical, practical, professional and personal development in psychotherapy supervision
- Individual, peer and group supervision modes of supervision
- Developmental and social role conceptual models of supervision
- Process orientated conceptual models of supervision
- Psychoanalytic, humanistic, cognitive behavioural and systemic theory bound approaches in psychotherapy supervision
- Professional issues including contracting, boundary setting in supervisory relationships, supervisor responsibility, assessing supervisees' competences, maintaining high standards of safe and ethical practice and ending supervisory alliances

- · Philosophies of supervision
- Ethical issues and Codes of Ethics and Practice

Module structure:

This DCU accredited module will be delivered over 10 full days, between September 2017 and April 2018. The module is also delivered to registered students of the Doctorate in Psychotherapy - www.dcu.ie/snhs

Commencing: September 2017

Applications will close: 24th August 2017 5pm

Module code: NS620

Credit/Level: Level 9, 20 ECTS Credits

Cost of module: €1230 - Additionally participants are required to attend and pay for a minimum of 5 external supervision consultation sessions

Application forms are available from:

Faculty of Science and Health, Dublin City University,

Dublin 9

T: +353 (0) 1 700 8975

E: science@dcu.ie

For further information contact:

Dr Rita Glover.

T: +353(0)1 700 7936

E: rita.glover@dcu.ie

Ollscoil Chathair Bhaile Átha Cliath





REGISTRY

APPLICATION FOR REGISTRATION ON PROFESSIONAL DEVELOPMENT MODULE

NS620 PSYCHOTHERAPY SUPERVISION

| Name: | |
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| Contact address: | |
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| Next of Kin: | |
| Name & Contact Number: | |
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| Professional Qualification/Role: | |
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| Professional Registration Number if relevant: | |
| Trolessional Registration Number in Televant. | |
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| Telephone numbers (Mobile or Work): | |
| Email address: | |
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| Data at high. | |
| Date of birth: | |
| Pariod of registration at DCII: | 2017-2018 |
| Period of registration at DCU: | 2017-2018 |
| Module for which you wish to register: | NS620: Psychotherapy Supervision |
| If a current or past student of DCU, please | |
| supply your student ID Number and the degree | |
| for which you are/were registered: | |

SIGNED: (APPLICANT)

PLEASE RETURN THIS FORM ALONG WITH A CURRICULUM VITAE AND ONE PASSPORT PHOTOGRAPH TO THE ADDRESS BELOW.