THE LINK CENTRE APPROVED REGISTER OF SUPERVISORS

APPLICATION FORM

First name		**Last name**	
Email address		**Telephone number**	
Full address		**Postcode**	
Counselling or Psychotherapy qualification		**Date qualification achieved**	
Supervision qualification		**DATE QUALIFICATION ACHIEVED**	
UKCP Psychotherapy Registration (Date achieved)		**Supervision qualification (please attach copy)**	
Hourly supervision rate **(negotiable ranges included)**		**Group supervision offered (Y/N)** **(rate included)**	
Wheelchair access (Y/N)		**Online access (Y/N)**	
I agree to supervise students in line with the Link Centre supervisor requirements. **I agree to attend one online supervisors meeting at the Link Centre each academic year.**			
Signature		**Date**	