

Supervisor validation for mental health applicants

This form has been designed to enable you to obtain a reference from your supervisor to support the application. Please ask them to complete and *ink sign* the following:

Therapist name:	
Therapist's profession:	
Therapist's main area of expertise:	
Location of therapist's practice:	
Please give an indication of the therapist's professional skill, competence and ability to practice safely within the private sector as an independent practitioner:	
Date you began supervising of this therapist:	
I confirm that this therapist is regularly supervised for their main area of expertise/modality:	
Supervisor name:	
Speciality:	
Supervisor's job title:	
Supervisor signature (please ink sign*):	
Date:	

If you have any questions, please call us on 0345 600 5422. Lines are open Monday to Friday between 8am and 6pm. Calls may be recorded and may be monitored.

Once your supervisor has completed this form please send it to us, together with your supporting other documents.

**Please note: we're unable to accept electronic signatures*