



Advancing Family Therapy
training and clinical practice
since 1979.

The Australian Association of Family Therapy Inc.

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Clinical Family Therapist Membership Application Principal Supervisor's Report

1. The Applicant

Full Name: _____

Position Held: _____

2. The Principal Supervisor:

Full Name: _____

Address: _____

Phone _____ Phone2 _____

Email : _____

Please print clearly

Have you been a Clinical Family Therapist member of AAFT for at least 5 years?

1. Yes

2. No

3. Details of supervision arrangements

For how long have you been familiar with the applicant's clinical work with families?

Frequency, type and duration of supervision

a) Frequency _____

b) Length of supervision _____

c) Group or Individual Supervision _____

d) If supervision occurred in a group, please state the number of group members _____

4. Nature of the Applicant's work

How much of the applicant's work is relevant to the application of family therapy/systems theory and practice? Substantial Moderate Minimal

Give a brief description of the context in which you understand the applicant to practice family/systems therapy.

5. Professional competence of the Applicant – Please ensure that comments sections are completed.

a) Please substantiate how well the applicant understands family/systems theory

Substantial Moderate Minimal

Comments _____

b) Please substantiate the level of the applicant's family therapy / systemic skills

Substantial Moderate Minimal

Comments _____

c) Please substantiate how well the applicant is able to critically evaluate her/his own practice with families

Substantial Moderate Minimal

Comments _____

d) Please substantiate the effectiveness of the applicant's working relationships with her/his clients and colleagues.

Substantial Moderate Minimal

Comments _____

e) Please describe how the applicant responded to the supervision process

Substantial Moderate Minimal

Comments _____

f) Please substantiate the applicant's level of awareness of ethics in professional family therapy practice (such as confidentiality, responsibility to clients, setting up practice, therapeutic integrity, familiarity of AAFT Code of Ethics)

Substantial Moderate Minimal

Comments _____

g) What areas for further professional development would you suggest for the applicant?

Substantial Moderate Minimal

Comments _____

h) Any other comments

6. Requirements

Has the supervisee completed all the requirements below:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Training: 250 hours | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Experience: 500 hours of family therapy practice | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Supervision: minimum 50 hours, after completing 250 hours of training, and 5 hours directly supervised | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

7. Declaration

I as the Principal Supervisor for (name of applicant) _____

I consider that he/she is a competent family therapist who is committed to professional development and ethical practice.

Please tick one of the following:

I give my support to this application in an unqualified way

I am prepared to support this application with the following qualification

Please circle where appropriate:

I have/have not discussed this reference with the applicant.

I am/am not willing for details of my report to be discussed with the applicant.

Signature: _____

Date: _____