**RECOGNITION AS A SUPERVISOR**

*Use this form to request recognition as a supervisor for
SAS Accredited Provisional and Clinical Psychosexual Therapist Members.*

Thank you for your willingness to provide supervision for one of our members. We would like to acknowledge the contribution you are making to SAS and to the profession.

SAS accepts supervisors from a broad range of disciplines. Supervisors need not be members of SAS. However, supervisors must have a sound background in the assessment and management of clients who present with sexual issues and should have an ongoing caseload of clients with sexual issues.

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| **Member’s Name:** |  |
| **Membership Number:** |  |

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| --- | --- |
| **Supervisor’s Name:** |  |
| **Telephone Number:** |  |
| **Email:** |  |

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| **SAS Membership number (if applicable)** |  |
| **Are you an approved supervisor with a professional organisation?** **(Please specify the organisation)** |  |
| **If not, please provide details of your suitability to provide supervision to our member(s) (e.g., training in professional supervision)** |  |

**Qualifications:**

(Please include a description of education and training including supervision and sexology-related training/education.)

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| [This box will expand as you type in it.] |

**Professional Experience:**

(Please include professional experience with clients with sexual issues, and supervision.)

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|  [This box will expand as you type in it.] |

*NOTE: Approval as a supervisor for SAS does not imply the supervisor is accredited in any way by SAS OR that the supervisor is recognised by the APS, ACA or other professional body.*