**Couple Therapy for Depression Approved Supervisor Training**

**Information and Application Form**

Course Date:

Course code:

Venue: Online via the platform Zoom

Fees: **£1,750 for the complete Supervisor training**

(1 day course plus consultation to supervision practice and assessment of competencies)

**The training is funded by NHS Health Education England (NHSE) for professionals working in IAPT services or working within public sector charities commissioned by IAPT to supervise in Couple Therapy for Depression.**

About the Training

The ***IAPT Curriculum and Commissioning Guide*** lays down specifications for approved Supervisor training for Couple Therapy for Depression. As outlined there, applicants for the training are expected to be experienced supervisors already.

The didactic part of the training is conducted over one day with emphasis placed on supervising CTfD within an IAPT context, including the ability to assess practitioners’ competence in the modality.

The practice element of the training involves 6-8 months peer-supervision sessions around:

* 1 clinical case of the trainee’s own Couple Therapy for Depression current cases (to embed the model) which will be presented and supervised by peer-group and TR supervisor. Submission of the recording of the formulation session of this clinical case together with the written reflections to be rated by the TR supervisor.
* Trainee supervision of 1 CTfD practitioner with 2 CTfD clinical cases (or 2 practitioners with at least 1 CTfD case each). The practitioner supervised should be a CTfD qualified colleague from the same service. The practitioner’s clinical sessions need to be recorded to enable the trainee supervisor to provide written feedback on two recordings against CTfD competencies and then receive feedback on their written supervision feedback from the TR supervisor (CTfD practitioner within supervisor in training own service would need to agree to record the sessions).

Who is eligible for the training?

Applicants for Couple Therapy for Depression Supervisor training should be:

1. Approved Couple Therapy for Depression IAPT practitioners
2. Should have 300 hours or 15 CTfD clinical cases post practitioner’s level training
3. Should have experience of providing supervision and, where possible, have undertaken a recognised training programme in supervision
4. Should work in an IAPT Service or be able to access their clinical and supervisory work through an IAPT Service or through a non-IAPT commissioned service.

Each application must include the forms below:

* a completed Applicant Details form
* a statement of support from their Couple Therapy for Depression training supervisor
* a statement of support from a current work-based supervisor
* a statement of support from their line manager

What are the supervision requirements?

Trainee CTfD supervisors will be expected to undertake and successfully complete one Couple Therapy for Depression training case, bring it to supervision consultation and submit one recording of the formulation session to their TR supervision consultant.

Trainee CTfD supervisors will also supervise an approved CTfD colleague in up to 2 CTfD cases within their own service and submit to their TR supervisor 2 audio recordings of their supervisee’s CTfD clinical work together with their written feedback to their supervisee, linked to CTfD competencies. (Or this can be 2 colleagues with 1 clinical case each).

What accreditation will successful supervisors receive?

Successful completion of the Supervisor training enables approval as a Couple Therapy for Depression IAPT Supervisor. Successful trainees can be listed as approved Supervisors on the approved supervisors list held on the Couple Therapy for Depression website.

<https://coupletherapyfordepression.org/>

About the Training Provider

Tavistock Relationships is currently the only Fully Approved training provider for Couple Therapy for Depression practitioner and supervisor training. Tavistock Relationships developed Couple Therapy for Depression for use in IAPT Services, having been commissioned by the Department of Health to create a competencies framework for this treatment with Relate. Tavistock Relationships was subsequently commissioned to produce the Training Course that leads to approval as a Couple Therapy for Depression IAPT Practitioner and has successfully delivered these courses around England since 2010, as well as delivering Foundation and Supervisor courses.

Queries

If you have any queries, please contact a member of the Training Team:

*Please use the course administration code as a reference, to help us to deal with your query efficiently.*

**Email**: ctfd@tavistockrelationships.org

**Phone :** 020 7380 8288 (Monday to Friday)

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Couple Therapy for Depression Approved Supervisor Training

**Applicant’s Details**

Please return completed form to ctfd@tavistockrelationships.org

|  |  |
| --- | --- |
| Course Date/s: |  |
| Full name:  (This is how it will appear on the certificate) |  |
| Home Telephone no:  Mobile no:  Work Telephone no: | |
| Email address work:  **Compulsory** |  |
| Email address personal:  Optional |  |
| Job Role: |  |
| IAPT service name: |  |
| Base address: |  |
| Employing organisation:  (Include full address if different from base address) |  |
| IAPT Clinical Service Lead: |  |
| LETB Education Commissioner: |  |

**1. Are you an approved Couple Therapy for Depression IAPT Practitioner?**

**YES ☐Please give details of training course attended and name of training supervisor**

**NO ☐Please indicate how your experience and qualifications should be treated as equivalent to that of an approved Couple Therapy for Depression IAPT Practitioner**

**2. How many CTfD clinical hours post qualification do you have?**

**3. Do you have experience of self-assessment on the practitioner competency scales?**

**4. Do you have a qualification as a Supervisor? ￼**

**YES - I am a qualified Couple Therapy Supervisor ☐**

**Please give details of training course(s) attended**

**YES - I am a qualified individual or group Supervisor ☐**

**Please give details of training course(s) attended**

**NO - ☐Please indicate how your experience and qualifications should be treated as equivalent to that of a qualified Couple Therapy supervisor**

**5. Would taking up a place on the course face you with any disability-related difficulties? Please indicate what:**

**6. Where did you see this course advertised?**

 Our Website                      Our Email                      Social Media Colleague

Other Website (please specify)

Publication   (please specify)

Other             (please specify)

**7. We’d like to keep you updated on our range of training opportunities, CDPs and events, and how you can support us via, our newsletter.**

**Please indicate that you are happy to receive this information about Tavistock Relationships’ work:**

Yes No

**8.Do you wish to receive information from Tavistock Relationships notifying you of our other Couple Therapy events and trainings?**

 Yes               No

**How would you like to be contacted (indicate all that apply)**

Email Post Phone

**We will never sell your data and promise to keep your details safe and secure. You can change your mind at any time and stop receiving updates by emailing us at: ctfd@tavistockrelationships.org**

**By signing this form you are confirming that you have read and accept the Tavistock Relationships Training Privacy Notice. (Provided as a separate document with this application)**

**Applicant Signature: Date:**

**Couple Therapy for Depression Approved Supervisor Training**

**Manager Statement (Manager to complete)**

|  |  |
| --- | --- |
| Course Dates: |  |
| Applicant’s Full Name: |  |

|  |
| --- |
| Your Name: |
| Your Current role: |
| Your Employing Organisation: |
| Your Work Address: |
| Your E-mail Address: |
| Your Work phone number: |

The training is for practitioners who have successfully completed the Couple Therapy for Depression approved training, have 300 hours post-qualification, and who already hold supervision qualifications or who are experienced supervisors. The IAPT supervision training programme involves a one-day course plus weekly peer-supervision sessions over six months with at least one CTfD case, as well as twelve fortnightly consultations on their supervision work with a TR Supervisor. Supervision will be conducted in groups, online via the secure platform Zoom. CTfD trainees will be required to submit audio recordings of therapy sessions as well as verbal reports. They must be currently working with couples. Trainees might supervise outside the individual’s own service or region, in order to complete accreditation requirements.

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**By signing this form you:**

* Agree to proactively support the applicant’s access to appropriate treatment cases and their release for supervision sessions, and confirm that you understand and support the requirements of this application going forward.
* If you are not the Clinical Service Lead for IAPT, you are indicating that this application has been discussed with them and that you are satisfied that they have approved of the application.
* You are in support of the applicant completing the IAPT minimum data set.
* You are confirming that you have read and accepted the Tavistock Relationships Training Privacy Notice.
* You are confirming that your service has appropriate information security standards in place to meet legislative requirements including Data Protection Act 2018, and that you are able to provide organisational policies and procedures upon request.

**Please return completed form to:** [**ctfd@tavistockrelationships.org**](mailto:ctfd@tavistockrelationships.org)

If the signature is typed, as opposed to signed, this section of the application form must be returned to us directly from the Manager’s email address.

**Manager Signature: Date:**

**Couple Therapy for Depression Approved Supervisor Training**

**Supervisor Statement (Supervisor to complete)**

|  |  |
| --- | --- |
| Applicant’s Full Name: |  |
| Date Supervision Ended  (if applicable): |  |

|  |
| --- |
| Your Name: |
| Your Current role: |
| Your Employing Organisation: |
| Your Work Address: |
| Your E-mail Address: |
| Your Work phone number: |

Please provide a statement commenting on the applicant’s suitability as a candidate for this further training. Please comment on general competence and understanding of the Couple Therapy for Depression model.

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**By signing below;**

* You are confirming that you support the application.
* You also understand that we may contact you as part of the selection process for trainees.
* You are confirming that you have read and accepted the Tavistock Relationships Training Privacy Notice.
* If your details change, please notify us.

**Please return completed form to:** [**ctfd@tavistockrelationships.org**](mailto:ctfd@tavistockrelationships.org)

If the signature is typed, as opposed to signed, this section of the application form must be returned to us directly from the Supervisor’s email address.

**Supervisor Signature: Date:**

2nd Supervisor to complete next page….

**Couple Therapy for Depression Approved Supervisor Training**

**Supervisor Statement**

**(Tavistock Relationships Practitioner Training Supervisor to complete this section)**

|  |  |
| --- | --- |
| Applicant’s Full Name: |  |
| Date Supervision Ended  (if applicable): |  |

|  |
| --- |
| Your Name: |
| Your Current role: |
| Your Employing Organisation: |
| Your Work Address: |
| Your E-mail Address: |
| Your Work phone number: |

Please provide a statement commenting on their suitability as a candidate for this further training. Please comment on general competence and understanding of the Couple Therapy for Depression model.

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If the signature is typed, as opposed to signed, this section of the application form must be returned to us directly from the Supervisor’s email address.

**Supervisor Signature: Date:**

**Couple Therapy for Depression Approved Supervisor Training**

**Payment**

If the applicant is not applying for a funded place, we require either a Purchase Order from the organisation (once the applicant has been offered a place on the training) or the invoice details below to be completed.

If you are not eligible for the funding provided by Health Education England, please provide details of your funding body below:

|  |
| --- |
| The name of the person to address the invoice to: |
| The name of the organisation: |
| postal address: |
| email address of the person invoice to be addressed to: |
| telephone number of the person invoice to be addressed to: |
| PO number is applicable: |
| We will only send an invoice for the course fee upon a participant’s acceptance of a place.  **NB:** there will be a 10% charge if you withdraw after acceptance of a place. Tavistock Relationships reserve the right to cancel or postpone a course if insufficient bookings have been received. Delegates will be offered an alternative date or a full refund of the course fee. |

Your name:

Signature: Date: