

CCS4/F2 – COUNSELLING APPRAISAL FORM

NAME

Title	First Name	Last Name

COURSE DETAILS

College	Course Name	Enrolment Date	Current Year
If you are currently not in active training please explain why below			

ACCREDITATION DETAILS

ARE YOU CURRENTLY ACCREDITED?
If YES - what is the responsible accreditation body and your accreditation reference?
If NO - but you currently applying/ working towards accreditation. What is your accrediting organisation, what further work are your required to do to gain accreditation?
If you are not accredited and are not working towards accreditation please tick this box. <input type="checkbox"/>

CLIENT HOURS

How many Client hours have you achieved since working for MIND or since your last appraisal?		A
How many Supervision hours have you received since working for MIND or since your last appraisal?		B
Average client hours per hour of supervision – $A \div B =$		C
If C is less than 6 as recommended by BACCP and which is MIND policy please comment below.		

QUALITY APPRAISAL

What do you feel you have learnt whilst working in the Counselling Service?

In reflecting on your learning whilst at MIND can you identify any training needs you might have?

What use have you made of supervision at MIND?

What is your personal experience of working as a counsellor in the Counsellor Service?

Have you thought of an improvements that could be made to the service?

INTERVIEW

Present:	1.	2.	3.
-----------------	----	----	----

Management's comments

--	--	--	--

Signed		Date	
---------------	--	-------------	--

Counsellor's Comment's

--

Signed		Date	
---------------	--	-------------	--

Action agreed on
1.
2.
3.
4.
5.