

## Employer, Supervisor, Counsellor Form for SCSI APC Application

Applicant's Name: \_\_\_\_\_

### Employer's Declaration

This section should be completed by the head of the department in which the candidate is employed. In the case of candidates employed in private practice, the signature should be that of a partner/principal. (If self-employed, candidate should sign the online form):

- I have read the APC guide for supervisors, counsellors, and employers. I understand the training responsibility involved in the candidate's employment.
- I understand the need for regular assessment of the candidate's development towards proficiency in the competencies required and undertake to ensure that the candidate's application for final assessment is not endorsed until I am satisfied that he/she has fulfilled the requirements of the APC.
- I undertake to use my best endeavours to provide the candidate with the experience and training necessary to fulfil the Society's requirements but note that the ultimate responsibility for success lies with the candidate.

Employer's Name (Including qualifications): \_\_\_\_\_

Employer's SCSI Membership Number (where relevant): \_\_\_\_\_

Employer's Job Title: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_

### Candidate's Supervisor

This section should be completed by the candidate's supervisor. (See APC Guide for Supervisors, Counsellors and Employers).

Supervisor's Name (Including qualifications): \_\_\_\_\_

Supervisor's SCSI Membership Number (where relevant): \_\_\_\_\_

Supervisor's Job Title: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

### Candidate's Counsellor

(If different from above - See APC Guide for Supervisors, Counsellors and Employers)

Counsellor's Name (Including qualifications): \_\_\_\_\_

Counsellor's SCSI Membership Number (where relevant): \_\_\_\_\_

Counsellor's Job Title: \_\_\_\_\_

Counsellor's Signature: \_\_\_\_\_