Application Form: Dynamic Interpersonal Therapy Supervisor Training Programme

Background

Experienced Dynamic Interpersonal Therapy (DIT) practitioners have a unique opportunity with Anna Freud to enhance their professional development by becoming a qualified DIT supervisor.

For further details on the course please visit our website:
https://www.annafreud.org/training/health-and-social-care/dynamic-interpersonal-therapy/becoming-a-dynamic-interpersonal-therapy-supervisor/.

Eligibility

Please note before applying that applicants must have at least one year's general supervision experience in high intensity NHS Talking Therapies work (or equivalent for those not working in an NHS primary care setting) that demonstrates their ability to apply generic and specific supervision competences.

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Section 1: Applicant Details

Please fill in your details below.

Full name:

Job Title/Role:

Workplace/Organisation:

Work email address:

Phone number:

Applicant's DIT Supervisor's name:

Applicant's Line manager's name:

Section 2: Applicant Statement

Date when you completed your DIT training?

[Insert date here]

Your clinical experience in DIT since qualifying?

[Please provide details here]

Relevant experience as a supervisor?

[Please provide details here]

Details of your psychodynamic training and/or experience to date (up to 500 words)

In 500 words, or less, please consider:

- Please explain why you are applying to become a DIT supervisor.
- Please provide your reflections on your relationship with issues of power and authority in relation to the supervisory role, including evaluating competence in DIT and providing feedback.
- Do you have any relevant supervisory training?
- How does the DIT supervision training align with your professional development goals?

[Please provide details here]

Section 3: Applicant's Current DIT Supervisor (Details & Statement)

Section 3.1 DIT Supervisor's Details

The applicant's current DIT supervisor should please fill in their details below.

Full name:

Job Title/Role:

Workplace/Organisation:

Contact email address:

Section 3.2 DIT Supervisor's Statement of Support:

Please confirm the applicant [**insert applicant's full name here**] is ready for DIT supervision training and outline your support in the text box on the following page by considering the following areas.

- **Proficiency in DIT and Professional Competence**
  In what ways does the clinician demonstrate advanced competence as a DIT therapist and/or in their current role?
- **Interpersonal and Communication Skills**
  Describe the clinician's ability to communicate effectively and empathetically with colleagues and patients. Does the clinician show capacity for collaborative and reflective work with colleague*s? Can they meet time deadlines?*
- **Understanding of Supervision**
  To what extent does the clinician demonstrate an understanding of the purpose and processes of clinical supervision, including boundaries, ethics, power dynamics, and support functions? Have they been able to observe those boundaries within the DIT supervision you have offered them?
- **Areas for Development**
  Are there any areas you believe the clinician should further develop before or during supervision training? Do you have any concerns about the applicant's ability to fulfil the academic expectations in marking and providing constructive feedback to trainees in a timely manner?

[Please provide details here]

DIT supervisor's signature:

Date:

Section 4: Applicant's Line Manager (Details & Statement)

Section 4.1 Line Manager's Details

The applicant's current line manager should please fill in their details below.

Name:

Job Title/Role:

Workplace/Organisation:

Contact Email:

Section 4.2 Line Manager's Statement of Support:

Please confirm the applicant [**insert applicant's full name here**] is ready for DIT supervision training and outline your support in the text box on the following page by considering the following areas.

- Confirm the clinician's experience in offering DIT in your service as well as their supervision experience to date.
- Is this clinician operating at a high level of proficiency, both in relation to their skills as a DIT therapist as well as their ability to take on leadership roles in the service, to provide supervision to others and contribute to team development?
- What is the plan for utilising these DIT supervision skills in your service?
- Please confirm support for time commitment and relevance to the applicant's role in undertaking DIT supervision training.
- Are there any concerns that you would like to flag including areas they need to develop before or during supervision training? *Do you have any concerns about the applicant's ability to fulfil the academic expectations in marking and providing constructive feedback to trainees in a timely manner?*

[Please provide details here]

Line manager's signature:

Date:

The applicant's line manager should return the completed form to: DIT@annafreud.org copying the applicant in. Many thanks.