**Continuing to Supervise – a request for re-accreditation**

This form enables existing supervisors under the Methodist Supervision Policy ( or its interim predecessor) to evidence the relevant elements that lead to re-accreditation.

All sections must be completed with either the up to date information or with a nil return

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Contact details including email address and phone number |  |
| Current district base |  |
| Numbers of supervisors supervised by you (if any) |  |
| Date of original approval to supervise |  |

**Supervision offered to others in the last 2 years – aiming at a minimum of 36 hrs**

|  |  |
| --- | --- |
| Supervisee code | Number of hours in total over the last 2 years |
| Example lines |
| *Supervisee A* | *18* |
| *Supervisee B* | *9* |
|  |  |
|  |  |
|  |  |
|  |  |

**Development**

Record here a minimum of 40 hours continuing development (this is equivalent to just short of a day a year since your original approval). It can be drawn from any kind of learning you have completed including external courses, events offered through the Learning Network or similar, conference workshops or keynotes, professional body events and a limited amount of relevant book learning (8 hrs maximum from the total).

A compulsory element for supervisors who supervise other supervisors must have been completed as part of this ongoing development. It is marked in red on the table below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Development** | **Descriptor** | **Date** | **Qualification** | **Hours** |
| *Example lines shown in italics* |
| *Topic led reading* | *Book/article title* | *Date completed* | *NA* | *(can leave blank)* |
| *Learning & Development event* | *Subject/event title* | *Date* | *NA* | *Hours committed* |
| *Certificated course* | *Course title and provider* | *Date completed* |  | *Hours committed* |
| ***Supervision of Supervision*** | ***Methodist course*** |  |  | ***24 Hours incl prep time*** |
|  |  |  |  |  |
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**Supervision of your supervisory practice**

Record here how many times as part of your supervision you have discussed your own supervisory practice. The recommended minimum amount is at least 1.5hrs in 9 (or 1 session in 6). You may be asked to evidence this further through your agreed records.

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Hours/sessions |  | Topics covered |  |

**References about your supervision in context**

Offer here text of two references obtained from supervisees about your supervision of their work. Copy and paste.

Questions that you might like to ask include

* What do I offer as a supervisor, within the supervision space, that enables you to reflect on your ministry in context?
* What could I do differently?

|  |
| --- |
| Supervisee 1 |
|  |
| Supervisee 2 |
|  |

|  |  |
| --- | --- |
| Signature | Date |

*For internal office use only*

|  |  |
| --- | --- |
| Are all elements of the required re-accreditation evidence complete |  |
| Start date of reaccreditation |  |
| Letter sent |  |
| Spreadsheet updated |  |