Human Givens Institute

REWIND ONLINE

Supervisor Competency Confirmation Proforma

Purpose

This form is for use by an HG supervisor to confirm that a practitioner has met the required eligibility criteria and has demonstrated the competencies necessary to deliver the rewind technique safely and effectively online.

1. Practitioner and Supervisor Details

Practitioner name:	Supervisor name:
Date of this report:	

2. Eligibility Criteria

Please tick each box to confirm that the practitioner has met all of the following requirements:

- ☐ I confirm that the practitioner has completed 150 NQT client hours post-qualification.
- ☐ I confirm that the practitioner has completed the HGI "Online and Phone Therapy Training" course.
- ☐ I confirm that the practitioner has completed the HGI "How to Reduce Suicide Risk" training course.
- ☐ I confirm that the practitioner has worked with and managed online cases for at least six months.
- ☐ I confirm that the practitioner has completed a minimum of 50 online client hours.

The following three sections should be completed briefly, with sufficient information to show the basis on which you are confirming competence.

3. Competency: Delivering Rewind

☐ I am satisfied that the practitioner can deliver the rewind technique in a technically competent manner.

Briefly describe the evidence on which you base this judgement (for example, case discussion, observed/role-played delivery, clinical decision-making or supervision material):

4. Competency: Managing Distress Online

☐ I am satisfied that the practitioner can recognise and manage client distress competently in an online setting, including distress or abreaction arising during therapeutic work.

Briefly describe the evidence on which you base this judgement, including how the practitioner has demonstrated safe management of distress in online work:

5. Competency: Safeguards and Risk Management

☐ I am satisfied that the practitioner can identify, discuss and apply appropriate safeguards when delivering rewind online and when working in trance with other potentially distressing material, including molar memories.

Briefly describe the evidence on which you base this judgement, including the practitioner's understanding and application of appropriate safeguards and remote risk management:

6. Supervisor Confirmation

☐ I confirm that, on the basis of my supervisory knowledge of this practitioner and the evidence recorded above, I consider them competent to deliver the rewind technique online safely and in accordance with HGI guidance.

☐ I confirm that I have discussed any relevant limitations, safeguards or areas requiring continued supervisory attention with the practitioner.

Supervisor signature/name:	**Date**:
Practitioner signature/name:	**Date**:

Please send one completed copy to the HG office for inclusion in the practitioner's record and provide one copy to the practitioner.