



**European Association of  
Professional  
Hypnotherapists**

**THERAPIST'S PORTFOLIO BOOKLET  
INC. CPD RECORD**

**24 Credits required over 12-month period**

**Year covered: \_\_\_\_\_**





# European Association of Professional Hypnotherapists

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## CORU – Summary of Registration and Regulation

The purpose of Continuous Professional Development (CPD) is to bring the therapist to a 'new learning' that is profession related. CORU (the regulating body for Health Social Care Professionals) has given the following suggestions to those professions that have already been regulated.

**Engage** in a range of CPD activities on an on-going basis.

**Complete** 60 CPD hours/credits in each 24 month cycle.

**Demonstrate** that each CPD is relevant to your professional role, taking account of current and future practice.

**Maintain** an up-to-date CPD portfolio which must include:

- a) Description of current professional role and practice setting.
- b) Personal Learning Plan
- c) Record of CPD activities
- d) Reflections on a number of CPD activities
- e) Evidence of undertaking CPD activities.

### Stage 1 – Review

The Code of Professional Conduct and Ethics states that each Registrant must ensure that their knowledge, skills and performance are of a high quality, up-to-date and relevant for practice. Carry out a self-directed review of knowledge, skills, performance and professional qualities and where appropriate, this can be done in consultation with a Supervisor or colleagues.

### Stage 2– Plan

Identify learning activities that will address the learning needs and outcomes identified in Review 1.

### Stage 3 - Implement

CORU (the regulating body for Health Social Care Professionals) suggests to those professions that have already been regulated, that they achieve 60 CPD credits over a 24 month cycle. Below is an example of how those credits can be achieved. In accordance with the Code of Ethics of the European Association for Professional Hypnotherapists (EAPH) All practicing hypnotherapists are expected to maintain 20 hours of Continuous Professional Development annually.

<b>Activity</b>	<b>CPD Credit</b>
<b>Review a relevant journal article, book</b> with documented reflection	4
<b>Relevant training course</b> (e.g. 1 event per year at 6 credits)	6
<b>Supervision</b> – 30 min per month	6
Maintaining CPD Portfolio Record	8
<b>Total Hours for 12 months</b>	<b>24</b>



## **PROFESSIONAL ROLE and PRACTICE SETTING**

Please describe your current role and practice setting, your main responsibilities, specialised areas of work and your service users (maximum 500 words).

Refer to Regulation & Registration Manual to help with this.

This document acts as a cover letter for your portfolio.

### **Current Professional Role**

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### **Practice Setting**

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### **Main Responsibilities**

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### **Specialist areas of work**

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I, the undersigned, certify that the information contained in this Professional Role and Practice Setting record, is correct in all respects.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL LEARNING PLAN

The Personal Learning Plan should identify your learning and development needs, prioritise those needs and identify suitable learning activities to meet those needs, setting out how and when they will take place. Refer to Regulation & Registration Manual for clarification.

*My learning need (knowledge, skill, competency and professional quality)*

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*My desired learning outcome (I will be able to....and/or I will understand.....)*

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*Timeframe (Identify when activity will take place)*

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*Priority (insert number)*

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*Learning activity (briefly describe planned CPD activity)*

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### **Self-Certification**

I certify that I have personally completed this Record of Supporting Documents CPD Activity and that it reflects a true and accurate record of the activities undertaken as stated.

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

## **RECORD OF CPD ACTIVITIES** (planned & unplanned)

Therapists will come across numerous learning opportunities during the course of their work that were not planned for when drawing up the Personal Learning Plan. These unplanned and often extremely valuable learning experiences can be added to the Record of CPD activities when completing the table below.

The suggested guideline is between 300 and 1,200 words. Refer to Regulation & Registration Manual for clarification.

<b>No.</b>	<b>Title</b>	<b>CPD Credits</b>	<b>Date Finished</b>	<b>Evidence Ref.</b>	<b>Learning Summary</b>
1.					
2.					
3.					
4.					
5.					
6.					

I, the undersigned, certify that the information contained in this Record of CPD Activities and the accompanying supporting documentation is correct in all respects.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EVIDENCE OF CPD

Supporting documentation for CPD activities lists all the CPD activities undertaken by the Registrant over a 12-month cycle for EAPH members or a 24-month cycle for those engaged in regulated professions.

This is best compiled on an on-going basis in table format and should include a brief description of the activity, the CPD credits assigned by the Registrant to the activity, the date the activity was completed, the document number assigned to the supporting documentation included in the portfolio and a brief statement on the learning gained from the activity.

### **CPDs must relate to the profession to qualify as CPD units.**

Refer to the Regulation & Registration Manual for help with this.

<b>Item No.</b>	<b>Types of supporting documentation (proof of attendance at an appropriate seminar, personal reflection, publication of a documented study)</b>	<b>Identify Number on 'Record of CPD Activities' that is evidence linked</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		
<b>6.</b>		

### **Self-Certification**

I certify that I have personally completed this Record of Supporting Documents CPD Activity and that it reflects a true and accurate record of the activities undertaken as stated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of CPD Activity 1:**

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Therapists are required to include a reflection in respect of the CPD activities they have undertaken in their portfolio. The main requirement is that the Registrant selects 8 different activities and shows that undertaking this activity met their learning needs; how it impacted on their professional practice and on their services to highlight areas for future development. Refer to Regulation & Registration Manual for clarification.

*Brief description of learning activity (or learning experience) and type*

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*What learning need was the activity designed to meet (refer to Personal Learning Plan) or was this an unplanned learning opportunity?*

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*What have I learned from the experience? (skills, knowledge, professional attitudes, other)*

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*How can this learning impact on my professional practice and the delivery of service to my users?*

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*Has this learning activity highlighted any areas for development and new learning needs for me? My action plan resulting from this experience is:*

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**My Goal is:**

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**My Timescale is:**

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**Self-Certification**

I, the undersigned, certify that I have personally completed the reflections on this CPD activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of CPD Activity 2:**

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Therapists are required to include a reflection in respect of the CPD activities they have undertaken in their portfolio. The main requirement is that the Registrant selects 8 different activities and shows that undertaking this activity met their learning needs; how it impacted on their professional practice and on their services to highlight areas for future development. Refer to Regulation & Registration Manual for clarification.

*Brief description of learning activity (or learning experience) and type*

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*What learning need was the activity designed to meet (refer to Personal Learning Plan) or was this an unplanned learning opportunity?*

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*What have I learned from the experience? (skills, knowledge, professional attitudes, other)*

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*How can this learning impact on my professional practice and the delivery of service to my users?*

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*Has this learning activity highlighted any areas for development and new learning needs for me? My action plan resulting from this experience is:*

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My Goal is:

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My Timescale is:

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**Self-Certification**

I, the undersigned, certify that I have personally completed the reflections on this CPD activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of CPD Activity 3:**

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Therapists are required to include a reflection in respect of the CPD activities they have undertaken in their portfolio. The main requirement is that the Registrant selects 8 different activities and shows that undertaking this activity met their learning needs; how it impacted on their professional practice and on their services to highlight areas for future development. Refer to Regulation & Registration Manual for clarification.

*Brief description of learning activity (or learning experience) and type*

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*What learning need was the activity designed to meet (refer to Personal Learning Plan) or was this an unplanned learning opportunity?*

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*What have I learned from the experience? (skills, knowledge, professional attitudes, other)*

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*How can this learning impact on my professional practice and the delivery of service to my users?*

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*Has this learning activity highlighted any areas for development and new learning needs for me? My action plan resulting from this experience is:*

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**My Goal is:**

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**My Timescale is:**

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**Self-Certification**

I, the undersigned, certify that I have personally completed the reflections on this CPD activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of CPD Activity 4:**

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Therapists are required to include a reflection in respect of the CPD activities they have undertaken in their portfolio. The main requirement is that the Registrant selects 8 different activities and shows that undertaking this activity met their learning needs; how it impacted on their professional practice and on their services to highlight areas for future development. Refer to Regulation & Registration Manual for clarification.

*Brief description of learning activity (or learning experience) and type*

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*What learning need was the activity designed to meet (refer to Personal Learning Plan) or was this an unplanned learning opportunity?*

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*What have I learned from the experience? (skills, knowledge, professional attitudes, other)*

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*How can this learning impact on my professional practice and the delivery of service to my users?*

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*Has this learning activity highlighted any areas for development and new learning needs for me? My action plan resulting from this experience is:*

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My Goal is:

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My Timescale is:

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**Self-Certification**

I, the undersigned, certify that I have personally completed the reflections on this CPD activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of CPD Activity 5:**

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Therapists are required to include a reflection in respect of the CPD activities they have undertaken in their portfolio. The main requirement is that the Registrant selects 8 different activities and shows that undertaking this activity met their learning needs; how it impacted on their professional practice and on their services to highlight areas for future development. Refer to Regulation & Registration Manual for clarification.

*Brief description of learning activity (or learning experience) and type*

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*What learning need was the activity designed to meet (refer to Personal Learning Plan) or was this an unplanned learning opportunity?*

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*What have I learned from the experience? (skills, knowledge, professional attitudes, other)*

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*How can this learning impact on my professional practice and the delivery of service to my users?*

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*Has this learning activity highlighted any areas for development and new learning needs for me? My action plan resulting from this experience is:*

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My Goal is:

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My Timescale is:

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**Self-Certification**

I, the undersigned, certify that I have personally completed the reflections on this CPD activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of CPD Activity 6:**

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Therapists are required to include a reflection in respect of the CPD activities they have undertaken in their portfolio. The main requirement is that the Registrant selects 8 different activities and shows that undertaking this activity met their learning needs; how it impacted on their professional practice and on their services to highlight areas for future development. Refer to Regulation & Registration Manual for clarification.

*Brief description of learning activity (or learning experience) and type*

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*What learning need was the activity designed to meet (refer to Personal Learning Plan) or was this an unplanned learning opportunity?*

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*What have I learned from the experience? (skills, knowledge, professional attitudes, other)*

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*How can this learning impact on my professional practice and the delivery of service to my users?*

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*Has this learning activity highlighted any areas for development and new learning needs for me? My action plan resulting from this experience is:*

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My Goal is:

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My Timescale is:

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**Self-Certification**

I, the undersigned, certify that I have personally completed the reflections on this CPD activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of CPD Activity 7:**

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Therapists are required to include a reflection in respect of the CPD activities they have undertaken in their portfolio. The main requirement is that the Registrant selects 8 different activities and shows that undertaking this activity met their learning needs; how it impacted on their professional practice and on their services to highlight areas for future development. Refer to Regulation & Registration Manual for clarification.

*Brief description of learning activity (or learning experience) and type*

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*What learning need was the activity designed to meet (refer to Personal Learning Plan) or was this an unplanned learning opportunity?*

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*What have I learned from the experience? (skills, knowledge, professional attitudes, other)*

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*How can this learning impact on my professional practice and the delivery of service to my users?*

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*Has this learning activity highlighted any areas for development and new learning needs for me? My action plan resulting from this experience is:*

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My Goal is:

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My Timescale is:

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**Self-Certification**

I, the undersigned, certify that I have personally completed the reflections on this CPD activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Name of CPD Activity 8:**

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Therapists are required to include a reflection in respect of the CPD activities they have undertaken in their portfolio. The main requirement is that the Registrant selects 8 different activities and shows that undertaking this activity met their learning needs; how it impacted on their professional practice and on their services to highlight areas for future development. Refer to Regulation & Registration Manual for clarification.

*Brief description of learning activity (or learning experience) and type*

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*What learning need was the activity designed to meet (refer to Personal Learning Plan) or was this an unplanned learning opportunity?*

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*What have I learned from the experience? (skills, knowledge, professional attitudes, other)*

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*How can this learning impact on my professional practice and the delivery of service to my users?*

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*Has this learning activity highlighted any areas for development and new learning needs for me? My action plan resulting from this experience is:*

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My Goal is:

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My Timescale is:

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**Self-Certification**

I, the undersigned, certify that I have personally completed the reflections on this CPD activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SUPERVISION**

### **What are the requirements of Supervision?**

Supervision is a relationship of trust and mutual respect, where the supervisor encourages the supervisee to reflect honestly and openly on their practice in a safe and confidential setting.

Accredited members of ICHP GA are required to engage in on-going supervision of client practice as a requirement of membership and to align with proposed Regulation and Registration guidelines for National Accreditation. Supervision is a formal collaborative process during which the supervisor monitors, develops and supports the supervisee in his/her work by encouraging reflection of their work and commitment to continuous professional development. Supervision is not an appropriate platform for personal hypno-psychotherapy or counselling for the supervisee.

### **What happens in Supervision?**

Clients cases are reviewed (with anonymity) and focus on the presenting problem and the final outcome. A discussion follows on topics such as: what went well - what didn't go so well - what was learned - what could have been done differently and how.

### **How often is Supervision required?**

A minimum of 4 supervision sessions annually is mandatory for continued registration. This is to ensure that all members maintain a professional level of expertise. In accordance with the Code of Ethics of the EAPH, all members practicing hypnotherapy, must complete a minimum of 4 Hypnotherapy Supervision sessions during the previous year, one of those sessions being with an EAPH approved Supervisor. The supervisory relationship must be confidential unless specified in the initial contract. Supervision will last a minimum of 50 minutes in duration and in group situations, attendees will be limited in numbers.

### **What types of Supervision are available?**

Supervision can take place on a one-to-one face-to-face basis online with a supervisor who is recognised by EAPH. Online group supervision is also acceptable provided a qualified supervisor manages it. Supervisees are encouraged to prepare for supervision by reviewing notes from previous clients' sessions, raising issues they encountered and evaluating best practices.

### **Some Benefits of Supervision**

It offers added protection for supervisees because cases are reviewed (anonymously) with constructive feedback provided in a supportive and caring context.

It provides reflective space for supervisees to identify their strengths and weaknesses for further professional development.

It alerts supervisees to ethical and professional issues in their work practice.

It allows supervisees to measure the impact of their work on their lives and identify their strengths, weaknesses and personal reactions to their case book.

It can alert the supervisee to 'best practice', insights and research in their area of expertise.

It is ultimately for the welfare and continuation of a professional service to the client.

An end of year current supervisor's report documenting a minimum of 12 hours annually has become a mandatory requirement of accreditation and it creates a formal record of Supervision going forward. The minimum requirement for EAPH members is a supervisor's report documenting 4 hours of annual supervision.

**Who are the approved Supervisors for the EAPH and what is the cost?**

Supervisors are graduates from the Institute of Clinical Hypnotherapy and Psychotherapy who have completed Advanced Supervision Skills Training. While fees are agreed between supervisor and supervisee, a suggested rate of €50/£47 for one-to-one sessions and fees for group sessions to be agreed with Regional Supervisor, subject to minimum number attendees.



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**SUPERVISION SUMMARY RECORD  
FOR ACCREDITED HYPNOTHERAPISTS**

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

This Log Sheet must be completed and photocopied twice for Supervisee – one copy to be attached to the Membership Renewal at the end of February each year.

No.	Date	Hours	Type (1to1/peer /group)	Supervisor's signature	Supervisee's signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total number of Hours: \_\_\_\_\_ for Year: \_\_\_\_\_

**COPIES OF CPD CERTIFICATES OF ATTENDANCE AND VALID  
PROFESSIONAL INDEMNITY INSURANCE**

Please attach the above as appropriate.