

Starlight Counseling  
4909 Waters Edge Dr. Suite 107  
Raleigh, NC 27606  
919-805-6046  
Starlightcounselingnc.com

Service | Teamwork | Appreciation | Respect | Loyalty | Ingenuity | Goal-setting | Honor | Multiculturalism

## **Starlight Counseling** *Supervision Application Form*

**Can you complete and return this application within 24 hours of receipt? \_\_\_ Yes \_\_\_ No**

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**Email to [starlightcounselingnc@yahoo.com](mailto:starlightcounselingnc@yahoo.com) or fax to 919-573-0847**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - May I leave an msg? \_\_\_ Yes \_\_\_ No  
Cell/Other Phone: (\_\_\_\_) \_\_\_\_\_ - May I leave an msg? \_\_\_ Yes \_\_\_ No  
E-mail: \_\_\_\_\_ - May I email you? \_\_\_ Yes \_\_\_ No  
Would you like to be on Starlight Counseling's email/newsletter list? \_\_\_\_\_  
\*I respect your privacy and will not spam or sell your information\*

Who is your employer? \_\_\_\_\_  
What is your title? \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Telephone \_\_\_\_\_ Direct line: \_\_\_\_\_

Where/how did you find Starlight Counseling? \_\_\_\_\_  
Which license board(s) have you registered with? \_\_\_\_\_  
What are your current licenses or certifications? \_\_\_\_\_  
What are you expired licenses or certifications? \_\_\_\_\_  
\_\_\_\_\_

What is your highest level completed education? \_\_\_\_\_  
What is it in? \_\_\_\_\_ What yr? \_\_\_\_\_  
If a current student what school do you attend? \_\_\_\_\_  
What is your program and projected graduation? \_\_\_\_\_

Name:  
Date:  
Y Score:

Application for Clinical Supervision  
A001  
7/2016  
Version number 2  
4/2016, 7/2016

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Are you seeking primary or secondary supervision? \_\_\_\_\_

Who is your current supervisor? \_\_\_\_\_

When are you looking to begin supervision? \_\_\_\_\_

What are your current strengths? \_\_\_\_\_

What are areas you need improvement in? \_\_\_\_\_

What is your preferred theoretical orientation? \_\_\_\_\_

What are your perceptions of addiction? \_\_\_\_\_

\_\_\_\_\_

What are your past experiences in supervision? \_\_\_\_\_

\_\_\_\_\_

What are your attitudes towards volunteering? \_\_\_\_\_

\_\_\_\_\_

Name 3 barriers to attending clinical supervision sessions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List 2-3 goals you would like to achieve in supervision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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What are your hobbies? \_\_\_\_\_

Describe your last vacation (When and Where) \_\_\_\_\_

Describe your ideal client \_\_\_\_\_

Describe your ideal supervisor \_\_\_\_\_

List the name, number, and email of 3 references:

Name:  
Date:  
Y Score:

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