Please submit a first draft of this form to the accreditation committee in order to join the accreditation pathway. The committee will advise you on what further training you need to undertake.

When you and your supervisors agree that all the competencies for a Balint Group Leader have been achieved please *update and resubmit* this form and any supporting documents [copies of attendance certificates] to the accreditation committee**.** [accreditation@balintsociety.org.uk](mailto:accreditation@balintsociety.org.uk)

|  |  |
| --- | --- |
| Date of application |  |
| Name |  |
| Gender |  |
| Ethnic Origin |  |
| Address |  |
| Email |  |
| Phone |  |
| Current member of the Balint Society | Yes/No |
| Profession and current job title |  |
| Professional experience relevant to Balint group work |  |

1. **Details of experience as a group member**:

Please outline any Balint groups you have been a member of for a period of time. In addition, please list any Balint groups of which you have been a member at Balint Society events (not including leadership groups).

|  |  |  |
| --- | --- | --- |
| Dates, place, and frequency of group. Estimate number of sessions attended. | Participants (professional roles, trainees etc). | Group leaders’ names. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Details of training as a Balint Leader/Co-leader**:

Please outline the Balint groups you have led or co-led along with the associated information in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates, place, and frequency of group. Provide or estimate the number of groups you have led. | | Details of group (e.g. type of group; Foundation Year doctors, Core Trainees etc.) | Co-leader: Name and whether accredited with Balint society. If the co-leader is not Balint Society accredited, please provide their details below. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Balint Society Leadership Training at residential weekends or day workshops:**

Please outline your involvement at Balint Society UK leadership training events below:

|  |  |
| --- | --- |
| Dates and place | Group and group leaders |
|  |  |
|  |  |
|  |  |

**D. Balint individual and group supervision experience:**

* Please outline your individual supervision below including duration of overall supervision, month and year and number of supervision sessions attended.
* Have you been involved in a Balint Society funded supervision group? Yes/no

If answered “Yes” to the above question, please offer the names of the supervision group leaders and the number of sessions you have attended so far.

* Please provide a reflection upon your experience of Balint group leadership to date, along with any areas of ongoing development. You may wish to incorporate Balint group theory and its applications in your experience in this section. (*No more than 400 words*)

Any additional comments:

**References:** References:When you are ready to apply for accreditation, please ask the supervisors of your Balint group work to complete the reference form R (Supervisor reference for Balint Leader accreditation)and email it to the Accreditation Committee.

Name of supervisors and contact details: