Consultant Forms
(To be filled out by your Approved Clinical Consultant and submitted to certification@ifs-institute.com)



APPLICANT: _____

Verification of Two Years (Minimum 200 Hours)
Post L1 Clinical or Applied Practice

I, _____ (Consultant's name) verify that I am an IFS Approved Clinical Consultant and can attest that _____ (Applicant) has had a clinical or applied practice in IFS for _____ (years/hours).

Your Name & Title: _____

Email address: _____

List below a full description of applicant's practice focus

_____

_____

_____

_____

_____
Signature of Verifier

_____
Date

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Verification of Clinical Consultation Hours and Recommendation for Certification

Consultation is an essential aspect of the developmental pathway to gaining IFS Certification. The role of the Clinical Consultant completing this form is to verify the required Consultation hours and to provide an indication of the applicant's competence in key areas of the model. Based on their knowledge of the applicant's practice, including from direct observation of their work, the Consultant is asked to make a recommendation for Certification.

SECTION 1 – Applicant's details

Name of applicant

SECTION 2 – Consultant's details *(to be completed by the consultant)*

Name of consultant
Credentials
Agency/Practice
Address of Agency/Practice
Country
Agency Practice Phone number
Email Address

SECTION 3 – Consultation with the applicant

Please indicate the period during which you have provided consultation to the applicant. FROM TO
Please indicate the number of hours of consultation. INDIVIDUAL - number of hours _____ GROUP – 8 Group Hours Maximum Please give number of hours taking this into account _____

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If in a group, please confirm that the size of the group did not exceed 6 participants. Yes/No

SECTION 4 – Assessment of proficiency in the IFS model

The areas set out below are 8 aspects of the model that are regarded as core competencies.
You are asked to provide an indication of the level of development that you feel the applicant has attained, based on your knowledge of them.

1 N/A – no opportunity to demonstrate
2 – Beginning – lack of understanding
3 – Developing – demonstrates in some areas
4 – Emerging – demonstrates in many areas
5 – Role Model - demonstrates in most areas

There is space for further comment in each area if desired although this is not required.

NB the term 'client' is used but this refers to anyone who the applicant is working with in relation to the application of the IFS Model

1. Core concepts of the model are understood and evident in practice

(For example, ability to introduce the model to clients appropriately; demonstrates their understanding of the theory and values of IFS in their work; engaged in ongoing education and curiosity about the model)

Developmental level: 1 2 3 4 5
Additional comments:

2. Demonstrates Self-leadership in their work

(For example, has knowledge about their internal system as it relates to their professional work including about how/which of their parts gets triggered; commitment to continuous growth and capacity towards unblending and holding Self-energy; speaks for own parts when appropriate; willingness to ask for and use feedback)

Developmental level: 1 2 3 4 5
Additional comments:

3. Ability to practice IFS collaboratively, respectfully and with attention to issues of power, diversity, equity and inclusion

(For example, demonstrates openness, appreciation, validation and respect to all parts, adapting their approach according to the client's system; demonstrates understanding of power and cultural difference and attends to these; works transparently including claiming their own parts where appropriate; identifies and seeks to repair ruptures in the working relationship)

Developmental level: 1 2 3 4 5

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Additional comments:

4. Demonstrates pro-active attention to safe application of the model

(For example, assesses external constraints; knows the limits of their own competence and addresses this appropriately, including referring on; closes sessions safely; holds Self-led boundaries)

Developmental level: 1 2 3 4 5

Additional comments:

5. Demonstrates proficiency in foundational skills of IFS

(For example, ability to notice and unblend parts (own and others') using a range of approaches; works effectively using direct access, insight and externalization; demonstrates ability to work with polarizations; ability to differentiate and work effectively with personal burdens and with legacy/cultural burdens)

Developmental level: 1 2 3 4 5

Additional comments:

6. Ability to work effectively at the beginning stages of a piece of IFS work

(For example, ability to engage the client, develop a contract, and build a working relationship; can introduce IFS in a way that is attuned to the individual client; ability to identify and agree a target part; can facilitate the shift to internal awareness)

Developmental level: 1 2 3 4 5

Additional comments:

7. Ability to work effectively with protectors

(For example, ability to work effectively to unblend and build relationship with protectors, using the 6 Fs; able to identify and address protector concerns, including negotiating permission to access exiles, where appropriate; ability to integrates changes within system)

Developmental level: 1 2 3 4 5

Additional comments:

8. Ability to work effectively with exiles (<u>where appropriate in their professional context</u>)

(For example, ability to facilitate developing the client's Self to exile relationship; able to skillfully facilitate the healing steps in a way that is led by the exile/client Self and avoids overwhelm)

Developmental level: 1 2 3 4 5

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Additional comments:

SECTION 5 – Recommendation

Are you recommending this applicant for Certification in IFS? **Yes / No**
Please specify your reasons for your recommendation.
Any additional comments and/or additional information
Have you discussed/shared this form with the applicant? **Yes / No**

SECTION 6 – Confirmation

I verify that I am an IFS Approved Consultant

I confirm that I have personally supervised the applicant's work or provided consultation to them.

I confirm that I have observed their work in a live or recorded session, demonstration, or role play.

I confirm that the applicant for Certification in IFS has completed a minimum of _____hours of Clinical Consultation with me.

I confirm that this is an honest and valid evaluation of the applicant's competencies based on my knowledge of their IFS practice.

Printed Name:

Signed: **Date:**

Thank you for your contribution to the development of IFS.

The verifier should return the completed form to the IFS Certification Administrative Team directly at certification@ifs-institute.com

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