**Appendix A – Template for Clinical/Professional Supervision Contract Guidelines**

**Supervision Contract:**

**Please complete below following discussion and agreement between supervisor and supervisee**

#### Between:

|  |  |
| --- | --- |
| **Supervisor:** | **Date:** |
| **Supervisee:** |
| **1. Frequency** |  |
| **2. Length of session** |  |
| **3. Venue** |  |
| **4. Scope (e.g. Operational Line Management****/ Professional / Clinical)** |  |
| **5. Links to other forms of Supervision** |  |
| **6. Details of other Supervision** |  |
| **7. Arrangements requiring cover** |  |
| **8. Confidentiality (confirm the arrangements to apply)** |  |
| **9. Evidence of sessions (see template sheet attached** |  |
| **10. Organisation if cancelled** |  |
| **11. Date of Review for this contract** |  |

|  |  |
| --- | --- |
| **Signed – Supervisee** |  |
| **Signed – Supervisor** |  |
| **Signed – Line Manager** |  |

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