Clinical Supervision Working Agreement

Group

**Agreement between**

|  |  |
| --- | --- |
| Name of group clinical supervisor |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of clinical supervisee |  | Name of clinical supervisee |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of clinical supervisee |  | Name of clinical supervisee |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of clinical supervisee |  | Name of clinical supervisee |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of clinical supervisee |  | Name of clinical supervisee |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of clinical supervisee |  | Name of clinical supervisee |

**Goals of group clinical supervision**

|  |  |
| --- | --- |
| Group clinical supervisees |  |
|  |
|  |
|  |

**Structure of group clinical supervision**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Frequency | Monthly | 🞏 | Fortnightly | 🞏 | Weekly | 🞏 |
| Other | 🞏 | *Please state* |  | | |
| Duration |  | | | | | |
| Location |  | | | | | |

**Responsibilities in group clinical supervision**

|  |  |  |  |
| --- | --- | --- | --- |
| How will we conduct documentation? |  | | |
|  | | | |
| What are the limits of confidentiality? | |  | |
|  | | | |
| How will we notify each other of any cancellations? | | *Supervisor* |  |
|  | | *Supervisee* |  |
|  | | | |
| How will we address any difficulties? | |  | |

**Individual responsibilities**

|  |  |
| --- | --- |
| Clinical supervisor |  |
|  |
|  |
| Supervision of supervision (SoS) occurs with |  |

**Group responsibilities**

|  |  |
| --- | --- |
| Clinical supervisees |  |
|  |
|  |

**Evaluation of clinical supervision**

|  |  |
| --- | --- |
| How will evaluation occur? |  |
|  | |
| How often will reviews occur? |  |

**Agreement signed**

|  |  |
| --- | --- |
| Signature of group clinical supervisor |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of clinical supervisee | Signature of clinical supervisee |
|  | **Date** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of clinical supervisee | Signature of clinical supervisee |
|  | **Date** |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of clinical supervisee | Signature of clinical supervisee |
|  | **Date/s** |  |

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| --- | --- | --- |
|  |  |  |
| Signature of clinical supervisee | Signature of clinical supervisee |
|  | **Date** |  |

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|  |  |  |
| Signature of clinical supervisee | Signature of clinical supervisee |
|  | **Date** |  |