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| **CLINICAL SUPERVISION CONTRACT** | | | | | |
| **Supervision contract agreed between ………………………………. (Supervisee (name and designation))**  **and……………………………………………………………………………(Supervisor (name and designation))**  **For the period ……………………………(insert date) to …………………………………..(insert date)**  **Tick box if the contract is for a group** | | | | | |
| **Names of group members** | | | **Designations of group members** | | |
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| 1. | **Identified Needs** | | | | |
| 2. | **Frequency of supervision** | | | | |
| 3. | **Length of Supervision Sessions** | | | | |
| 4. | **Place to meet** | | | | |
| 5. | **Record keeping *(****record keeping, risk assessments, care and treatment planning in caseload to review good practice and areas for improvement in caseload reflecting the Trust values and behaviour framework)* | | | | |
| 6. | **Agenda setting mechanism** | | | | |
| 7. | **Confidentiality** *(confidentiality will be maintained unless matters arise around safeguarding or any matters that required escalation according to policy. This will be disclosed during supervision.)* | | | | |
|  | **Review of Effectiveness of Supervision** | | | | |
|  | **Process for resolving conflicts/issues of difference/tensions within the supervisory relationship** | | | | |
|  | **Process for feedback to line manager (where the contract is for clinical supervision)** | | | | |
| **Signature:** | | (Supervisee) | | Date: | |
| **Signature:** | | (Supervisor) | | DaTe: | |
| **FOR CONTRACTS WITH EXTERNAL SUPERVISORS:** | | | | | |
| **Signature:** | | (Supervisee’s Manager) (RDaSH) | | | Date: |
| **Signature:** | | (Supervisor’s Manager) | | | Date: |
| **Name of external supervisor’s organisation:** | |  | | | |

**Copy to be sent to supervisee’s Line Manager**