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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**