

Supervision Contract

Supervisee Name:

Address:

Phone:

(Home)

(Work)

(Mobile)

E.mail:

Contracted Organisation Representative (if Relevant):

Email:

Phone:

Training Representative (if Relevant):

Email:

Phone:

Supervision is a professional relationship which helps you, as a counsellor/trainee, to reflect on different aspects of the counselling relationship, and aspects outside the session that impact your work. There is an ethical requirement from the BACP/UKCP that you maintain regular supervision whether you are a trainee or a qualified counsellor. Training providers and agencies, sometimes have additional supervision requirements. Please read the conditions below before signing:

- 1) What you share with me about your clients is confidential. I do discuss my work with supervisees in my supervision; if I discuss my work with you I will not reveal any details that would compromise your client's identity or your identity (unless required to by your training organisation). If I consider you to be at risk to your clients I will break your confidentiality, where practical I will inform you first of my need to do this. I require you to maintain the confidentiality of others supervisees' clients if we meet in a group supervision format.
- 2) I will do what I can to support you professionally to ensure you continue to develop your practice, and to ensure you continue to work ethically and effectively. If I consider you to be working ineffectively and/or unethically I will help you create an action plan to address the areas of concern. If you refuse to take action on areas of serious concern I may inform relevant others (e.g. your training provider, employer, counselling agency, your registering organisation, etc) and I may terminate our supervision arrangement.
- 3) I keep brief factual, handwritten notes about our sessions. These are coded to ensure your privacy and kept in a locked cabinet. You have a right of access to your notes.
- 4) My fees are negotiable between £40 and £60 per hour. I will provide you with 2 months notice of planned fee changes. (my agreed negotiated fee with you is:)
- 5) After we agree an appointment date and time I will require payment for the session if you choose to cancel without giving 24 hours notice. I will give two months notice of any changes to my fees. If you are late more than 15 minutes I will treat this as a cancellation without notice.

- 6) I record sessions occasionally to help me and my supervisor to monitor my effectiveness and to ensure I continue to work effectively and ethically as a supervisor. If you agree to be recorded (your identity will not be revealed on the recording) please tick the following box:
- 7) You can contact me occasionally between sessions for additional support. Please contact me immediately if you have serious concerns about a client that cannot wait until our next supervision session, or if a complaint has been made against you. I can be contacted by text, email or mobile (in my order of preference)
- 8) It is your responsibility to monitor your own ratio of clients to supervision to ensure you have adequate support for your work, and your responsibility to ensure you continue with CPD activity in accordance with the ethical requirements of your registering organisation.
- 9) You or I have the right to terminate this supervisory relationship at any time. I require a minimum two sessions notice, which includes an ending session, should either of us request termination of the supervisory relationship. This will give you time to organise alternative supervision arrangements before we end our work together.
- 10) **Professional Will** - If for some reason I am incapacitated and am unable to keep our sessions my colleague Loretta Watt (UKCP and BACP Accredited) will contact you with information and referral sources.

If you are clear about what I offer and are willing to commit to this work please sign below. When you return this form to me by post I will contact you to organise your first appointment date and time. I look forward to working with you.

All parties to sign to confirm Contract Agreement:

Supervisee: Date:

Supervisor: Date:

Contracted Organisation (if relevant): Date:

Training Provider (if relevant): Date: