**Supervision Contract**

Supervisee name: ………………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………….

Mobile: …………………………………………………………………………………………………………………………….

Work phone: ……………………………………………………………………………………………………………………..

Email: …………………………………………………………………………………………………………………………………

**Supervision**

Supervision provides a regular, safe space for you to reflect on your clinical practice, to explore aspects of the counselling relationship and discuss any other aspects which may impact on your therapeutic work. It is an ethical requirement from the BACP that you maintain regular supervision. My supervision training is in the Hawkins and Shohet seven-eyed model.

**Confidentiality**

Supervision is a confidential space where you can discuss your work in a safe and non-judgemental environment. There are two exceptions to this: first, from time to time I may discuss my work with you in my own supervision. If this occurs, I will not reveal any information about your client’s identity or your identity (unless required to do so by your training organisation). Second, if I have concerns about your practice, i.e. that it is unethical or unsafe, then I will raise this with you and work with you on an action plan to address concerns. If you do not take appropriate actions to remedy the situation, I may need to inform others (i.e. employer, placement, training organisation)

**Roles and Responsibilities**

My responsibilities as a supervisor:

* Time keeping
* Managing the overall agenda for the sessions
* Giving feedback
* Monitoring the supervisory relationship
* Monitoring the ethical issues of counselling and supervision with a focus on safety.
* Keeping notes on the sessions (on a password protected device)
* Writing any reports required for training organisations or placements
* Drawing up supervisory reports and notes
* Maintaining membership of the BACP, ensuring I am abiding by their ethical framework and ensuring I undertake relevant CPD.

Your responsibilities as a supervisee:

* Preparing for supervision
* Being transparent, authentic and open in sharing and reflecting upon client work
* Ensuring you monitor your own ratio of supervision to client hours to ensure you have adequate support for your work
* Giving feedback on your work and the supervision process
* Keeping notes of supervision sessions

**Supervision Process**

* We will agree a mutually convenient time for supervision each month / fortnight.
* Supervision can take place either face to face, online or on the phone. Please consult the remote working policy if this is how you want to proceed.
* If either of us need to cancel the session, they will let the other know as soon as possible.
* If you cancel with less than 24 hours notice or does not attend a supervision session then a £25.00 late fee is payable
* The fee for each supervision hour is £40.00, for an hour and a half supervision it is £60.00 and two hours of supervision £80.00 payable via bank transfer
* We agree to review the supervision process every 3 months.
* This contract can be renegotiated at any time by either of us.
* Contact between sessions is available in the event of an emergency. In addition, if you have serious concerns about a client that cannot wait until the next supervision session, you can also get in contact with me. I will do my best to get back to you as soon as practically possible.
* If disagreements, disputes or conflicts arise between us, each can invite the other to participate in a dialogue. I may also raise it in their own supervision.
* We each have the right to end the supervisory relationship. In order to ensure an appropriate ending takes place, at least one month’s notice is required. This also gives you time to make alternative supervision arrangements.
* In the event of that I become incapacitated, my colleague Susan Shortt (a qualified counsellor and supervisor) will contact you with information.

Please tick to confirm which method by which you can be contacted:

Text ¨ Phone call ¨ Email ¨ Zoom ¨

*Your privacy and confidentiality are important and I will never use your information for any purpose other than that to which you have explicitly consented in this contract. You may withdraw your consent at any time by getting in contact with me via 07973 443916 or via email: amanda@safehavencounselling.org.uk.*

I have read, understood and agree with the terms and conditions of this contract, I have access to GDPR information and, if relevant, I have received the accompanying remote working policy.

Signature of Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_