## SAMPLE Agreement 1 and Consent Form

**PROFESSIONAL SUPERVISION AGREEMENT**

**Purpose, Goals and Objectives of Supervision:**

1. Monitor and promote welfare of Supervisee and clients seen by Supervisee;
2. Promote development of Supervisee’s professional identity and competence;
3. Fulfill requirement for Supervisee certification and accreditation;
4. Fulfill requirements of your professional memberships where applicable.

**Context and Content of Supervision:**

a. Individual supervision predominantly using Skype / email / phone / Face to Face

b. Fees will be based on a figure established by negotiation, in this case **$ xx** per standard session of usually one (1) hour payable at the conclusion of each supervision session.

* **Payment** is made to:
* **Account name**:  **BSB**:
* **Account no**:*.* **Please reference deposit with your Name**
* **OR** In person via: cash / credit card / debit card / internet transfer

**Method of Supervision Process:**

Feedback will be provided each session.

Records will be limited to session details and major issues relevant to the supervision of the case.

**Duties and Responsibilities of:**

1. **Supervisor:**
* Give feedback, encouragement and direction
* Encourage ongoing professional education.
* Challenge Supervisee to validate approach and technique used.
* Monitor basic micro-skills and advanced skills including transference and counter transferences.
* Provide alternative approaches for the Supervisee.
* Intervene if client welfare is at risk.
* Ensure ethical guidelines and professional standards are maintained.
* Provide consultation when necessary.
* Discuss Administrative procedures and marketing strategies.
* The supervisor raises issues of administration, such as secure record keeping, insurance, appropriate premises, mandatory reporting, and the supervisee’s own wellbeing.
1. **Supervisee**:
* Uphold ethical guidelines and professional standards
* Discuss individual client cases
* Discuss evaluations / approaches / techniques used.
* Consult supervisor or designated contact person in cases of emergency.
* Consider supervisor suggestions in subsequent sessions where appropriate.
* Maintain a commitment to skills & professional education inthe profession of **Counselling & Hypnotherapy.**

**Procedural Considerations:**

* Issues related to the Supervisee’s professional development will be discussed.
* It is understood that important / critical issues experienced in the therapeutic

 setting will be raised and addressed in supervision.

* It is part of the supervisees’ requirement to have available appropriate resources and knowledge of the emergency support services in the local district and other contacts through electronic means, such as Lifeline.
* You may attempt to contact the supervisor should such an emergency occur however this contact is predominately to support and advise the supervisee.

**Cancellation policy:**

24 hours’ notice prior to the supervision session is appreciated.

**Indemnity:**

As a supervisee on signing this agreement, you agree to only work within your level of professional competence. You agree to assess, recognise and refer all clients that are outside your professional competence.

It is a requirement and your responsibility that you maintain you own Professional Indemnity Insurance, and that you agree to immediately notify <Name> if this insurance lapses.

**Agreement**

I agree, to the best of my ability, to uphold the guidelines specified in this supervision agreement and to manage the supervisory relationship process according to the ethical principles and codes of conduct required by my professional associations.

This agreement is in effect from the date below and will be voided upon the request of :

* Supervisor
* Supervisee

**Or**

* If supervision has not been attended for a three month period without prior arrangement.

**Supervisor (print) Supervisee (print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed by (name) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Consent Form & Personal Particulars**

**Confidentiality**

All information gathered during the provision of Supervision services will remain confidential and secure except when

* + It is subpoenaed by a court,
	+ Failure to disclose information would place you or another person at risk,
	+ Your case is discussed in my own Supervision to provide for a best possible outcome,
	+ Your prior approval has been obtained to discuss the material with another person.

**Professional Conduct :**

Is subject to those conditions within the published **APS /ACA / ASCH / AHA** *( please circle* )

Other\_\_\_\_\_\_\_\_\_\_\_ Policy, Procedures and/or other relevant codes.

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address Post & residential | ` |
| Member of Professional associations  | Please list: |
| Current Indemnity Insurance  | Insurance Name:Covering : **Counselling** Y/N **Clinical Hypnotherapy** Y/N Policy no:Date of expiry: |
| Phone | Home |  | Business |  | Mobile |  |

**Consent:** I, (please print your name clearly) ……………………………………………………………….. have read and understand the above agreement.

I agree to these conditions for the services provided by ***<Business name>***

(If you are unsure of what is meant by any of that which is written above, or have questions about my qualifications, experience or services offered please discuss it with me prior to signing any documents.)

Signature ………………………………………………………………… Date…………………