[Insert organisation name/logo]

Clinical Supervision Agreement

**🖌Note\***

This template is an example of an agreement used between a supervisor and staff member in relation to the arrangements and processes for clinical supervision sessions. Specific organisations need to ensure agreements meet their specific needs. It is adapted from the NSW Drug and Alcohol Clinical Supervision Guidelines (2006)

\*Please delete note before using the template

This agreement covers the clinical supervision arrangements between:

|  |  |
| --- | --- |
|  |  |

(Staff member name) and (Supervisor’s name)

**Structure of sessions**

We agree that clinical supervision will occur:

|  |  |  |
| --- | --- | --- |
| Form (i.e. group/ individual): | | Frequency: |
| Duration: | | Time: |
| Location: | | |
| For the contract period | **[insert date]** to **[insert date]** | |

**Goals of clinical supervision for the agreed contract period**

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|  |

**Agreed strategies and methods of achieving these goals**

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|  |

**Agreed records to be kept in relation to clinical supervision**

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|  |

We have read the **[insert organisation name]** Clinical Supervision Policy, and agree to operate in compliance with it.

Supervisor’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_/\_\_\_\_/\_\_\_\_