**Training Supervisor: (Name)**

Email:

Address:

Telephone/s:

Registered Psychotherapist: Yes / No

ACP completed: Yes / No

**Supervisee: (Name)**

Email:

Address:

Telephone/s:

Date of approval to APANZ provisional membership:

**Note: This date marks the commencement of the 5 year timeframe for the completion of your ACP candidacy.**

**1. SUPERVISEE to complete**

**1a.** Current training:

**1b.** Training supervision frequency and hours to date:

**1c.** As you will be aware while you are in training it is unethical to

represent yourself as a psychotherapist. Please indicate below how you

will describe yourself publicly:…………………………………..…………………………..

**Training Supervisor signature:**

**1c.** Current and previous clinical contexts:

**1d.** List the principal goals and focus of supervision:

**1e.** Include any conditions or recommendations from interview panels:

**2. SUPERVISOR, SUPERVISEE and TRAINING SUPERVISORS GROUP CONVENOR to complete**

**2a.** We have reviewed and discussed the Supervision and Advanced Clinical Practice Policy and Procedures documents on the website at [www.nzap.org.nz](http://www.nzap.org.nz) and we agree to follow the Association's Code of Ethics.

Yes / No

**2b.** We hereby agree to meet for weekly supervision **(minimum 40hrs annually)** at an agreed fee.

Supervisee signature:

Date:

**2c.** Primary Training Supervisor (please state scope of practice under the HPCA):

Primary Training Supervisor signature:

Date:

**2c.** Training Supervisors’ Group Convenor signature:

Date:

*Please note the following items to consider in this supervision agreement*

When making this agreement, please cover in your discussions the following points:

Ensure that the purpose of supervision has been fully explored, and that roles, tasks and expectations have been clarified.

* Discuss that the candidate must keep a record of client hours, which the supervisor will cite annually.
* State the requirement for the supervisee to keep a log of all work done, training courses, seminars, ongoing work, reading, etc., including regular reflection on their growth as a therapist within the bi-cultural context we work within.
* Be aware of the expectation that the supervisor will report the supervisee’s progress regularly to the Training Supervisors’ Group.
* If a grievance should arise between the supervisee and the supervisor, which cannot be resolved within the supervisory relationship, there is a process that will be followed which is outlined in the ACP Handbook.
* Should the supervisee choose, for whatever reason, to change supervisors, this can occur providing there is consultation between the supervisors, or an updated supervision report is given to the second supervisor. Assistance in this matter can be sought from the Training Supervisors’ Group.
* Discuss emergency procedures, including who to contact if the supervisor is unavailable.
* Agree on a working format for supervision sessions.
* State cancellation policy and supervision fees.
* Discuss safety agreements for clients, supervisee and others.
* Make agreements regarding third party involvement, where applicable.
* Agree on matters of confidentiality.
* Agree that the candidate will work face-to-face for at least 60% of their clinical hours.
* Cite supervisor’s Annual Practicing Certificate.
* Ensure supervisee knows of the supervisor’s clinical experience and training background.
* List together in this contract any recommendations made to the candidate in the Initial Panel Interview acceptance letter.
* Confirm that the supervisee is in weekly therapy and will be for the first three years of this training.
* Discuss safety agreements for clients, supervisee and others. (Please ensure health and safety matters are attended to, including familiarity with the Health and Safety at Work Act 2015).

You may wish to use the space below to list some of the above agreements.