**Appendix A - Supervision Agreement**

This Agreement is signed by both parties and retained by both the supervisor and supervisee. To be reviewed as required or minimum 12months.

|  |  |
| --- | --- |
| **Supervisee Name:** |   |
| **Supervisor’ Name:** |   |
| **Date of Agreement:** |   |

**Arrangements for Supervision:**

**1.** **Frequency: every 4- 6 weeks**

(If your Line Manager is of a different profession, it should be specified here who will provide your professional supervision and when)

(If on ASYE, it should be amended to reflect recommended frequency)

**2.** **Average Length of Meeting:**

On average 1½ - 2 hours minimum.

**3.** **Statement about Interruption:**

Interruptions should be limited to emergencies only.

**4.** **Statement about Attendance:**

Both parties will be punctual, limit interruptions and avoid cancelling sessions, except in exceptional circumstances. If a session has to be cancelled, another should be arranged as soon as possible. Both parties will come prepared with items they wish to discuss and agree what they will cover at the start of each meeting.

**5.** **Statement about Confidentiality:**

The discussion in each supervision session will usually be confidential between the two participants. If the supervisor needs to share supervision records or matters raised in supervision with someone else, they will inform the member of staff. If the member of staff wishes any information they share to remain confidential they should say so, and the supervisor will discuss whether this is possible.

**6.** **The Supervision policy:**

Both parties need to have read the policy and agree to abide by its contents.

 **Signed by:**

**Supervisee:**  **……………………………….** **Date: ……….**

**Supervisor:** **…………………..……………** **Date: ……….**