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**Example: Professional Supervision Agreement**

*The following example has been provided as a suggested guide only. Practitioners are encouraged to adapt the agreement, so it fits their circumstances and supervision requirements. Please remember to always discuss and mutually negotiate the supervision agreement with your supervisee first.*

**Supervision Agreement**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expectations of Supervision:**

1. Supervision will reflect the OTBNZ supervision requirements for occupational therapists practising in New Zealand.
2. Supervision will include input into client care/practice, professional development and support, and professional accountability.
3. The supervisor and supervisee will complete the online Te Rito bicultural course.
4. The Board strongly recommends the Supervisor is trained in supervision skills. A supervisor is a person who has sufficient self-awareness, interpersonal competence, and knowledge of supervision methods and processes relevant to the area of practice of the supervisee to facilitate that person’s professional development.

**Categories of Supervision:** Tick all the boxes that apply

🞎 Professional supervision

🞎 ePortfolio supervision

🞎 Supervision of a practitioner on the recertification programme induction and

orientation:

🞎 New graduate package

🞎 Overseas trained therapist

🞎 Practitioner returning to practice or restored to the register

**Venue:** Supervision will occur in a non-public environment where privacy can be maintained. Our preferred meeting venue will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Supervisor and Supervisee agree to:**

**Frequency:** Participation in supervision will be one of the following: Tick the box that applies

🞎 Monthly

🞎 Weekly for 12 months

🞎 Fortnightly for six months

🞎 Other (describe frequency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mode:** The primary mode of supervision will be via: Tick all boxes that apply

🞎 Face to face / In-person

🞎 Digital e.g., Zoom, MST, Skype

🞎 Email

🞎 Phone

🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agenda:**

1. For professional supervision and ePortfolio supervision the supervision agenda will be developed by Supervisee
2. For all other categories of supervision, the agenda will be developed by both the supervisee and supervisor and follow the OTBNZ supervision requirements
3. A online log of supervision times and themes will be kept when the supervisee is participating on the recertification programme induction and orientation
4. A time and themes log may also be kept by the supervisee for uploading to their ePortfolio should they wish

**Objectives:** The supervisee will set objectives for supervision and come prepared to their supervision session. The objectives will specify how the supervisee wishes to use supervision to develop particular areas of knowledge, skill and self-management, and include discussion of ePortfolio self-assessments, goals and development activities. Supervision objectives will be reviewed annually.

**We agree the following arrangements and supervision responsibilities:**

**Environment**: The supervisor and supervisee will work to mutually

ensure, a safe non-judgmental environment built on trust.

**Records**: A record of material brought to supervision and an action

or review plan is to be kept and reviewed at the beginning of each session as required.

**Accountability:** The supervisor is responsible for the advice and

information they give in supervision but not for the response taken by the supervisee to the

advice / information. The supervisee is responsible for their own clinical practice and decision making.

**Conflict resolution**: If conflict should arise between supervisor and the

supervisee, an honest intent to work through the conflict

will be maintained

**Confidentiality**: Supervision is a confidential process with the following

exceptions: -

1. when both parties agree that an issue can be shared

outside of supervision

1. a “supervisor feedback on supervisee” form is required for the supervisee’s appraisal and or OTBNZ purposes
2. when there is a serious concern regarding the

supervisee’s practice (e.g., conduct, competence or

health issues) the supervisor will take this matter to

the supervisee. The supervisor may also report these concerns to the OTBNZ pursuant to the Health Practitioners Competence Assurance Act 2003 and the supervisee will be inform in this event.

**Reviews**: There will be ongoing review of predetermined supervisory

objectives. After three months, there will be an informal evaluation of the supervision relationship by both parties involved and thereafter an annual review.

**Emergency Contact:** The supervisee or supervisor can request an urgent

supervision session where necessary. Each will, where

possible, be accessible and available. If the supervisor is

unavailable, the supervisee will contact an alternative experienced practitioner for a consultation which will be documented as a one-off supervision and followed up at the next scheduled session with the supervisor.

**Making supervision work:**

What I would like from you as my supervisor is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What I will contribute as a supervisee to make our supervision work is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What I would like from you as my supervisee is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What I will contribute as a supervisor to make our supervision work is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:**

Supervisee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_