



# Sample Agreement

## Example Supervision Agreement

The following example has been provided as a suggested guide only. Practitioners are encouraged to adapt the agreement so it fits their particular circumstances and requirements.

### Supervision Agreement

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

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

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

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

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

### Expectations

1. Frequency: Participation in supervision will be one of the following:

Tick box that applies

a. Weekly for 12 months

b. Fortnightly for six months

c. Monthly

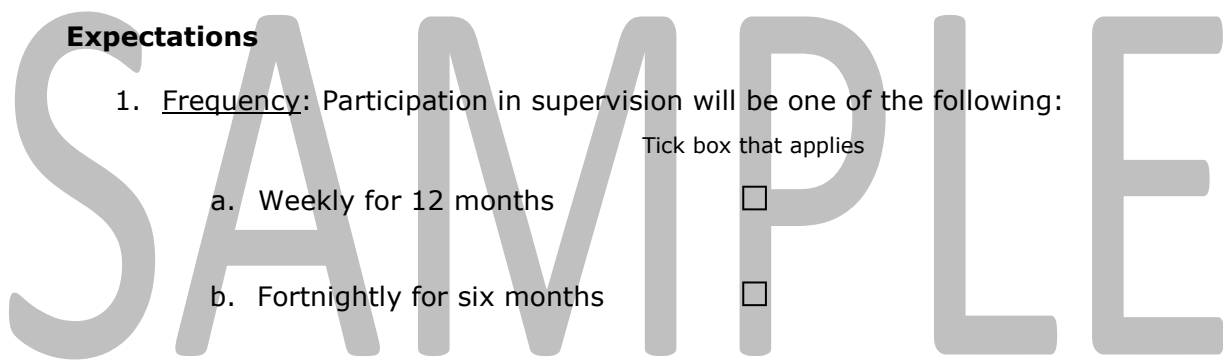
d. Other (describe frequency) \_\_\_\_\_

2. Venue: Supervision will occur in a non-public environment where privacy can be maintained.

Our preferred meeting venue will be: \_\_\_\_\_

3. Content: The agenda will be developed by both the Supervisee and Supervisor (as appropriate) and will reflect the functions of supervision; input into client care/practice, professional development and support, and professional accountability. A time log will be kept if supervisee has a condition on their scope of practice. If agreed a log may also be kept giving areas of supervision.

4. Objectives: Supervisees will set objectives for supervision. Please come prepared. The objectives will specify how the Supervisee wishes to use supervision to develop particular areas of knowledge, skill and self-management, and be reviewed annually.





## Sample Agreement

### We agree the following arrangements and responsibilities for supervision

**Frequency:** Supervision will occur for \_\_\_\_ hour(s) \_\_\_\_ weekly.

**Environment:** The Supervisor and Supervisee will work to ensure a safe, non-judgemental environment.

**Mode:** The primary mode of supervision will be via:

Tick box that applies

Face to face

Skype

Email

Phone

Other \_\_\_\_\_

\_\_\_\_\_

**Records:** A record of material brought to supervision and an action or review plan is to be kept. Records should be reviewed at the beginning of each session.

**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 per the policy.

**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.

**Conflict resolution:** If conflict should arise between Supervisor and Supervisee, an honest intent to work through the conflict will be maintained.





# Sample Agreement

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

- when both parties agree that an issue can be shared outside of supervision
- "supervisor feedback on supervisee" form is required for the supervisee's appraisal and or OTBNZ purposes
- 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 person. The Supervisor may also report these concerns to the Occupational Therapy Board of New Zealand pursuant to the Health Practitioners Competence Assurance Act 2003.

In any of these circumstances the Supervisee will be informed.

**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: \_\_\_\_\_

