Appendix 1 – Example Supervision Agreement

Adapted from HCPC Supervision Agreement Template which can be accessed [here](https://www.hcpc-uk.org/globalassets/standards/meeting-our-standards/supervision/supervision-agreement-template-word.docx).

**Example Supervision agreement**

**Location of supervision?**

* How will you ensure privacy and maintain confidentiality?

**Frequency of supervision?**

* e.g. weekly / monthly / quarterly?
* How long for and what time of day?
* Is there protected time in both supervisor and supervisee job plan?
* How will you ensure sufficient privacy and confidentiality?
* Who is responsible for arranging the dates / times / location / booking of room?

**What structure will your supervision take?**

* e.g. 1:1, peer / groups?
* Face to face or remote?
* Is direct or indirect supervision required?

**What is the purpose of your supervision?**

* e.g. management / practice /restorative supervision
* relating to a specific task or skill?
* Is it aiming to meet specific learning or development needs, how will supervision help?

|  |  |
| --- | --- |
| Name of practitioner:   |  |
| Year:   |  |
| Role / level of practice:  |  |
| Named Practice Supervisor:  |  |
| Named Management Supervisor:   |  |
| Named Restorative Supervisor: |  |
| Start date of agreement: |  |
| Review date of agreement: |  |

**Feedback, documentation, and confidentiality**

* How will you evaluate and review the success and ongoing relevance of the supervision agreement?
* What type of record will be kept and where?
* How will you both access the record?
* Who will be responsible for completing the documentation?
* What are the confidentiality terms? What circumstances may require information to be shared?

**Supervision agreement**

**Location of supervision?**

**Frequency of supervision?**

**What structure will your supervision take?**

|  |  |
| --- | --- |
| Name of practitioner:   |  |
| Year:   |  |
| Role / level of practice:  |  |
| Named Practice Supervisor:  |  |
| Named Management Supervisor:   |  |
| Named Restorative Supervisor:  |  |
| Start date of agreement: |  |
| Review date of agreement: |  |

**What is the purpose of your supervision?**

**Other comments**

**Feedback, documentation, and confidentiality**