



The Psychology Suite
Lakes Care
P O BOX 501
ROTORUA

REGISTERED CLINICAL PSYCHOLOGIST

Phone 07 346 4717
Fax 348 3511
eggleston@psychologist.net.nz
www.psychologist.net.nz

SUPERVISION AGREEMENT

Supervision:

- Gives priority to the best interests of the supervisee's clients.
- Is based on ethical and professional best practice.
- Includes education provided by the supervisor
- Promotes and supports supervisee competency and accountability.
- Continuously encourages the supervisee's development of skills and identifies where support or upskilling is necessary.
- Is a shared responsibility between the supervisor and supervisee.
- Is regular and uninterrupted and is treated as a necessity and not a luxury.
- Is based on this agreement.

As a supervisee, you have the right to receive services individualised to your specific needs. You have the right to receive and seek information about, and to approve of, supervision practices.

While the supervisory relationship is designed to be supportive of professional development it is not a confidential forum. Information will be shared as follows:

- Information may be shared during the Supervisor's own supervision.
- If there is an identifiable risk of physical danger to yourself or to others.
- If child abuse is suspected or identified.
- If information is legitimately ordered by a court of law.

Appointments will be scheduled at your request. The length of sessions is one-hour and the frequency fortnightly or as advised by the supervisee. It is the supervisee's responsibility to ensure they are meeting the required dosage of supervision for their professional memberships. The supervisee is expected to give 24 hours notice if you need to cancel an appointment. The supervisor is entitled to charge ½ rate for a no-show or session that is cancelled on the scheduled day. Outside regular supervision sessions, the supervisor can be contacted for telephone consultation during working hours (07 348 4717). The supervisee is encouraged to provide any reports or information for discussion prior to the session and the supervisor agrees to not charge for up to ½ an hour of preparation that stems from such documents prior to the session. The cost of the sessions is \$129 + GST per hour.

The Supervisor agrees to –

Be available for supervision as arranged and to promote an atmosphere of professional trust and safety. The supervisor also agrees to support the supervisee to –

- Maintain safe and ethical professional practice.
- Enhance professional development. This includes contributing to the maintenance of skills and encouraging and supporting the maintenance of professional relationships between the supervisee and her/his clients and colleagues.

- Identify areas of practice that need addressing
- Maintain a focus on the statutes and ethical code under which the supervisee works.
- Maintain focus on the supervisee's role and responsibilities.
- Take notes of the supervision sessions, which can be made available to the supervisee.

The Supervisee agrees –

- To attend supervision as agreed.
- To prepare for supervision sessions by identifying areas of concern, preparing monitoring information and sharing practice issues which need to be addressed.
- To share concerns openly with the supervisor.
- To work collaboratively with the team of providers.
- To try new approaches at the direction of the supervisor.
- To provide documentation and monitoring outside of supervision sessions at the request of the supervisor.
- To attend supervision as arranged or to give adequate notice if unable to attend.
- To tell the supervisor what is helpful and what is not helpful in the supervision session.
- To work on identified areas for development.
- To keep records of the supervision sessions and where necessary and agreed, to note the supervisor's opinion on the client's file.

If difficulties arise in supervision, it is your responsibility to discuss them with your supervisor. If, for any reason, they remain unresolved, you have the right to ask to be referred to another Supervisor. If these concerns regard practice ethics, you have the right to report your concerns to the Psychologists Board, P O Box 140 Wellington. Signature of this agreement indicates your acceptance of the terms and conditions noted in this document. I encourage you to spend time reading the agreement before signing it.

PLEASE PRINT YOUR FULL NAME, TELEPHONE NUMBERS AND EMAIL DETAILS IN THE SPACE ABOVE:

Supervisee's Signature

Supervisor's Signature

Date

Date