



ANNUAL SUPERVISION STATEMENT FOR THE YEAR 20

Supervisee name				
Role/Ministry Unit				
Reporting period	Start date		End date	

Supervisor's details

Name	
Contact phone number	
Email address	

Supervision hours

Session	Date	Supervision type (please tick)		
		Individual		Group
		Face to face	Skype/Zoom	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

We declare that at least 6 sessions have taken place this year, as recorded above.

Supervisor signature _____ Date _____

Supervisee signature _____ Date _____

When completed and signed, please forward by the end of December to the Bishop's PA to the above contact details.