

**ANGLICAN DIOCESE OF GRAFTON**

**PO Box 4**

**GRAFTON NSW 2460**

**Email:** [**pa@graftondiocese.org.au**](mailto:pa@graftondiocese.org.au)

**REGISTRATION OF PROFESSIONAL SUPERVISION**

|  |  |
| --- | --- |
| *NAME of SUPERVISEE* |  |
| *NAME of SUPERVISOR* |  |
| *Supervisor Qualifications* |  |
| *Professional Membership (if relevant)* |  |
| *We agree to meet for supervision on a* *basis (insert frequency)* | |
| ***We have discussed:*** | ***Comments (if necessary)*** |
| *Time, place, and duration* |  |
| *Preparation for supervision* |  |
| *Theological/ denominational background* |  |
| *Dealing with personal issues* |  |
| *Supervisor’s and supervisee’s expectations and needs* |  |
| *Other* |  |

**Confidentiality and its limits**

*We agree to keep all discussion in supervision meetings confidential, understanding that there is a legal duty of care that may override confidentiality in exceptional circumstances. Such circumstances would be if a supervisor or supervisee were describing unsafe, unethical or illegal practice and was unwilling to go through appropriate procedures to address these after initial discussion between supervisor/supervisee.*

**Code of Conduct**

*As the Supervisor, I declare that I have received and read the Code of Conduct entitled Faithfulness in Service.*

**Supervisor’s professional membership and insurance (if relevant)**

*Professional membership sighted*

*Insurance certificate sighted*

**Signed:**

(Supervisee)

(Supervisor)

**Date:** Click or tap to enter a date.

When completed and signed, please forward to the Bishop’s PA, using the above contact details.