



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: _____

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