

## SUPERVISOR'S REPORT FORM

**This report is required annually, from each ISPC Member, regardless of whether or not you are currently seeing clients, and is a condition of your membership with ISPC**

Please upload this completed form to your Membership Application

**If you are NOT seeing clients** and therefore do NOT have a supervisor at this stage, please complete this box only and return it to ISPC for our records.

Full Name:

Date:

*I confirm that I am not seeing clients and do not have a clinical supervisor.*

### **SUPERVISORS**

Please complete this form in consultation with your supervisee. The information you share with us is in agreement with your supervisee. Please ensure that you sign and date the form.

### **MEMBERS**

Please complete this form in consultation with your supervisor by Contracting with them to allow time within an agreed supervision session. Please remember to sign and date the form.

### **CONFIDENTIALITY**

The information shared in this document forms part of your annual review for ongoing membership. Please undertake this as a fully open process between Supervisor and Supervisee.

**Supervisee's Name:**

**Supervisee's Email:**

**Supervisee's Phone No:**

**Supervisor's Name:**

**Supervisor's Email:**

**Supervisor Phone No:**

**Supervisor since (date):**

**Supervisor supports continued training/CPD:**  Yes  No

**Supervisee's current caseload:**

**Supervisee's strengths:**

**Supervisee's learning edges / areas for development:**

**Problems and/or areas of concern (if any):**

**Overall assessment of Supervisee:**

**Supervisee's Signature:**

**Date:**

*I agree to The ISPC and my Supervisor making contact with each other, where necessary, and if appropriate to do so to support my membership.*

**Supervisor's Signature:**

**Date:**