

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 Registration

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.

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.

If you're completing this form as a supervisor please complete this box.

I confirm that I am the individual who completed this form and that the information provided is accurate to the best of my knowledge.

Full Name:

Date:

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:

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

(Please print your name and date.)

Supervisee's Signature:

Date:

Supervisor's Signature:

Date: