



# Supervision Contract Agreement

KEPT ON FILE

## Confidential Sheet

FULL NAME OF SUPERVISEE \_\_\_\_\_

D.O.B \_\_\_\_\_ MALE [ ] FEMALE [ ]

FULL ADDRESS & POSTCODE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IN THE CASE OF A MEDICAL EMERGENCY YOUR LOCAL GP MAY BE CONTACTED.

G.P NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

### RELEVANT MEDICAL INFORMATION

PLEASE ADVISE OF ANY MEDICAL CONDITIONS & MEDICATION BELOW

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_

SUPERVISEE

DATE: \_\_\_\_\_



Registered Member **64623**  
MBACP

Becky Willoughby Founder Lead Counsellor at Willow. Practitioner Teacher.  
Integrative Counsellor MBACP 064623 Family Counselling ASIIP Clinical Supervisor Dip.



## Supervision Contract Agreement

PLEASE RETAIN FOR YOUR RECORDS

- The details of each session are confidential and will not be passed on to anyone else without your consent. The rare exception to this is where there are suspicions of a supervisee working unsafely.
- Your supervisor does attend their own supervision where clients and supervisees are discussed anonymously.
- Supervision sessions are usually monthly. Any alterations can be discussed between yourself and your supervisor.
- Each session lasts for 60 or 90 minutes.
- All sessions are boundaried to the time agreed.
- Supervision requires commitment and participation. This commitment may include homework to support learning along with working on difficult feelings. There may be times when your supervisor suggests that you take certain issues to personal therapy or attend further CPD to develop your practice.
- Supervision is about the work you undertake with your clients, working ethically and safely. You will work jointly to enhance the therapeutic relationship with your clients, connecting and reflecting through theory and learning new skills and techniques. Supervision can also be about modelling a good relationship and your supervisor will aim for transparency between you which can at times, feel challenging.
- It is your responsibility to ensure you are fully insured to carry out client work and that you carry out the appropriate membership to professional bodies along with public liability where appropriate.
- It is your responsibility to take down notes if required during the session.
- It is your responsibility to log supervision hours in order to support client work and your membership policies and requirements
- Your supervisor is a member of the BACP and adheres to their ethical code. Any complaints should be addressed at first with your supervisor if possible and then with the BACP directly.

It is agreed that the session fee is set at £60 for one hour and £80 for one hour and thirty minutes. This is reviewed annually on the 1<sup>st</sup> of September.

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### Supervisee Details

FULL NAME OF SUPERVISEE \_\_\_\_\_

COLLEGE TRAINED AT \_\_\_\_\_

QUALIFICATIONS GAINED TO DATE \_\_\_\_\_

BACP NO. OR OTHER \_\_\_\_\_

Please provide copies of your certificates. [ ] Seen by Supervisor.

### Insurance Details

NAME OF INSURER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

RENEWAL DUE DATE \_\_\_\_\_

SUPERVISEE SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Please provide copies of your certificates. [ ] Seen by Supervisor.

### Supervisor Details

SUPERVISOR NAME \_\_\_\_\_

BACP NO. OR OTHER \_\_\_\_\_

SUPERVISOR SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Please indicate here if you are a counsellor in training and give details of your college and tutor

COLLEGE \_\_\_\_\_ TUTOR \_\_\_\_\_

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### Terms and Conditions

All information is kept confidential in accordance with BACP code of ethics: British association of counselling and psychotherapy. For further information on counselling and for the Complaints procedure please refer to the BACP website: [www.bacp.co.uk](http://www.bacp.co.uk)

- Please Note that 48 hours notice is required for all cancellations or full fee will be required. This notice also applies to late cancellation due to sickness.
- It is the supervisee's responsibility to remember appointment times set up with the supervisor.  
Willow does not accept responsibility for reminder messages.
- Payments can be made in cash or by BACS
- BACS payments are required within 24 hours after the session.
- When payment is to be made by BACS an invoice is sent out via email at the end of the session day. This is sent via admin email and is also your receipt for your admin purposes.
- If payment is not received within 24 hours a gentle reminder message is sent out as standard procedure to remind clients.
- If BACS payments are consistently late, payment will be required before each session.
- Please note when making a bacs payment your account name will appear on our bank statement.
- Willow Therapy has a Facebook business page for professional practice, which you are welcome to follow. Please be aware that if you like or comment on this page your name will be visible.



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## Signed agreement

WILLOW COPY (KEPT ON FILE)

If contacting Willow Therapy regarding any concerns, please use these numbers. Please call the number listed below regarding appointment changes.

Mobile contact for telephone and text: 07979814007 Becky Willoughby

Land line for telephone contact: 01442463939 Becky Willoughby

Email for contact and queries: becky@willow-therapy.com

Email for billing and invoice enquiries: admin@willow-therapy.com

## Willow Therapy Tring

I have read and agree to abide by the terms and conditions of the agreement entered with willow therapy.

I agree to adhere to the cancellation policy and the payment policy of Willow Therapy Tring.

Who is funding your supervision? \_\_\_\_\_

Email if different to supervisee \_\_\_\_\_

SUPERVISEE:

PRINT NAME \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR:

PRINT NAME \_\_\_\_\_

BACP NO \_\_\_\_\_

PHONE NO \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_



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**BACP NO** \_\_\_\_\_

**PHONE NO** \_\_\_\_\_

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