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| Allied Health Clinical Supervision Agreement Template |
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| **Date of agreement:** |  |
| **Formal agreement review date:** |  |

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| **Supervisee Details** | **Clinical Supervisor Details** |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Signature: |  | Signature: |  |

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| 1. **SUPERVISION CONTEXT AND EXPECTATIONS**
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| What are our expectations for clinical supervision? What are the roles and responsibilities of the supervisee and clinical supervisor in clinical supervision? How will organisational policies & procedures and professional standards inform clinical supervision? What are the boundaries of clinical supervision and other functions e.g. line management, mentoring, coaching? |

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| 1. **SUPERVISEE LEARNING**
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| What is the supervisee’s level of experience/knowledge? How will clinical supervision address supervisee professional development goals (e.g. from performance review, professional body)? What are the learning preferences of the supervisee and clinical supervisor? What methods of clinical supervision are suitable to address the learning goals (e.g. reflective meetings, teaching and learning at point of care, supervision moments, coaching etc.)? |
| **Supervisee Learning Goals** |
| List supervisee learning goals using SMART format. |
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| 1. **SUPERVISEE PROFESSIONAL SUPPORT AND WELLBEING**
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| How will clinical supervision support supervisee wellbeing? What are the boundaries of the supportive function of clinical supervision? What support can be provided between sessions? What other supports are available? |

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| 1. **SUPERVISION PROCESS**
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| **Setting the focus and agenda for supervision**  |
| How will the agenda for reflective sessions be developed? How will the focus for teaching at point of care sessions be agreed? When will the supervisee create the agenda? When might the supervisor influence the agenda? |
| **Feedback** |
| How does the supervisee like to receive feedback? How will difficult issues be addressed? How will the supervisee or supervisor let the other person know if they’re uncomfortable with supervision? |
| **Evaluation** |
| How and when will we evaluate our supervision? How often will the supervision agreement be reviewed? |

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| 1. **PRACTICALITIES FOR SUPERVISION**
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| Frequency of sessions |  |
| Duration of sessions |  |
| Availability of supervisor between sessions  |  |
| Planned day / time of sessions  |  |
| Location (face-to-face) or platform (virtual)  |  |
| Procedure for cancelling and rescheduling sessions |  |
| **Documentation** |
| Responsible person for documenting sessions |  |
| Storage location for documentation |  |
| Who has access to this information? |  |
| **Confidentiality** |
| Agreement that the discussion between the parties will remain confidential unless permission is given to disclose information or there are identified risks to patient/staff safety | [ ]  |

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| 1. **INFORMAL REVIEW OF CLINICAL SUPERVISION AGREEMENT AND ASSOCIATED UPDATES**
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| **Date of review** | **Notes** e.g. updated learning goals, changed frequency of sessions, evaluation of agreement |
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