Your Supervision Agreement

Complete this agreement with your supervisors at the start of supervision. Review it annually, or sooner if arrangements change.

Practitioner _____ Role / service _____

Agreement date _____ Review date _____

Who supervises you and when

Agreed arrangements	Line management	Restorative and reflective
Supervisor name and role		
Contact details		
How often and session length		
Format group or one to one		
Venue or virtual arrangements		
Usual day and time		

Confidentiality and its limits

Supervision is confidential within the limits set by safeguarding and your professional duty. Agree what stays between you, what must be shared and with whom, and how you will be told if information is shared.

Confidentiality	Agreed answer
What stays between us?	
What must be shared and with whom?	
How will I be told if information is shared?	

Records

Record arrangements	Agreed answer
Who keeps the record?	
Where is it stored?	
Who can see it?	
How is it signed or co-signed?	

Raising a concern outside supervision

If a concern cannot wait until the next session, or is not right for supervision, use the agreed route below.

Route	Who to contact	How
Safeguarding concern		
Urgent welfare or safety concern		
Line manager outside the session		
Occupational health or staff support		

Signatures

	Name	Signature	Date
Practitioner			
Line manager			
Restorative / reflective supervisor			

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