

WILLOW THERAPY

SUPERVISION CONTRACT AGREEMENT



CONFIDENTIAL SHEET

Full Name of Supervisee : DOB : / /

Gender : Pronouns : Age :

Full address :

..... Postcode :

Phone or Mobile Number : Email :

In case of medical emergency, your local GP may be contacted

GP Name:

GP Address : Postcode :

GP Phone or Mobile Number :

Relevant Medical information

Please Advise of Any Medical Conditions or Medications Below :

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Supervisee Signature

Signature :

Date :



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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, in accordance with BACP Requirements
- 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.

Please adhere to price structure as advertised on the website. Reviewed annually in accordance with our T'&C's.

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Supervisee Details

Full Name :

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 No. :

Renewal Due Date :

Supervisee Signed : Date :

Please provide copies of your certificates. Seen by Supervisor.

Supervisee Details

Full Name :

College Trained at :

BACP No. or Other :

Supervisee Signed : Date :

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

Supervisee Signed : Tutor :

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Terms & Conditions

Client, Please Retain For Your Records

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.

- Please Note that 48 hours' notice is required for all cancellations or full fee will be required. This notice also applies to late cancelation due to sickness.
- It is the clients responsibility to remember appointment times set up with the counsellor.
- Willow does not accept responsibility for reminder messages.
- Payments can be made in cash or by BACS.
- BACS payments are required within 24 hours of the session.
- When payment is to be made by BACS a text or email is sent out at the end of the working day. This message will contain the details of the fee to be paid and the account and sort code details.
- 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 in advance of each session.
- Please note when making a BACS payment your account name will appear on our bank statement.
- Willow Therapy has a wesbite that you can find at www.willow-therapy.co.uk.



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Signed Agreement

Willow Copy

If contacting Willow Therapy regarding any concerns, please use these numbers. Please contact us via the details listed below regarding appointment changes :

- 📞 Mobile (Contact & text) : +44 (0) 7979 814007
- ✉ Email (Contact & queries) : becky@willow-therapy.com
- ✉ Email (Billing & 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.

Who is funding sessions? :

Emergency Contact Number : Email :

Supervisee

Print Name :

Signature :

Date :

Supervisor

Print Name :

BACP No :

Mobile :

Signature :

Date :



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- ✉ Email (Contact & queries) : becky@willow-therapy.com
- ✉ Email (Billing & 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.

Supervisee

Print Name :
Signature :
Date :

Supervisor

Print Name :
BACP No :
Mobile :
Signature :
Date :

