# NEW ZEALAND ASSOCIATION OF PSYCHOTHERAPISTS
# TE ROOPUU WHAKAORA HINENGARO

## NZAP MEMBER's ANNUAL SUPERVISION CONTRACT

Member's name Address Telephone

Supervisor's name Address Telephone

Please briefly describe your individual professional development plan for the next twelve months, including the major goals and focus of your supervision, formal and informal peer review processes and planned attendance at workshops and educational events. If you are a supervisor please also include your professional development plan for this role:

Are you currently working with children and/or adolescents and their families? Yes / No

If so, who is your supervisor for this work?

What qualifications does your supervisor hold for this work?

If there has been a complaint or criminal charge against you, your supervisor must be informed.

We have reviewed the Supervision and Admission Policy and Procedures documents on the website at www.nzap.org.nz and we agree to follow the Association's Code of Ethics.

We hereby contract to meet at _____ intervals for the next year, starting _____ and ending _____ at an agreed fee.

Supervisee's signature Date

Primary supervisor's signature Date

Convenor of Regional Supervisors' Group's signature Date