NEW ZEALAND ASSOCIATION OF PSYCHOTHERAPISTS
TE ROOPUU WHAKAORA HINENGARO

ANNUAL CONTRACT BETWEEN PROVISIONAL MEMBER AND PRIMARY SUPERVISOR

Supervisee's name Address Telephone

Supervisor's name Address Telephone

Date of approval of provisional membership:

List the principal goals and focus of supervision:

Note any agreements regarding readiness and/or preparation for therapeutic case study writing and assessment interview:

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