

Supervision and Client Contact Verification Form



Your Name			
Reporting Period	Start date:		End date:
Client Contact Hours	Total Client Contact Hours in Reporting Period:		

SUPERVISOR DETAILS *Please use a separate form for each supervisor*

Name			
Practice Address			
Qualification/s			
Contact Phone No:		Email:	

SUPERVISION HOURS

Start Date	End Date	Supervision Type <i>Individual / Group / Peer¹ (for eligible practitioners only)</i>	No of Participants in Group <i>Maximum of 6 participants</i>	Supervision Category <i>Student² Supervision / General³ Supervision / Supervision of mental health practice⁴ / Supervision of supervision practice⁵</i>	Time (in hours)
TOTAL THIS PERIOD					

SIGNATURES

Supervisor: _____

Date: _____

Practitioner: _____

Date: _____

¹ Peer supervision is for senior practitioners only, who have been Clinical Members with PACFA for 5 continuous years. Please only undertake peer supervision if you are eligible to do so.

² Student supervision is the supervision undertaken while you are a counselling or psychotherapy student.

³ General supervision is undertaken by fully qualified practitioners on their regular client case load.

⁴ Supervision of mental health practice is only to be undertaken by PACFA Mental Health Practitioners.

⁵ Supervision of supervision practice is on your work as a supervisor. This is relevant to PACFA Accredited Supervisors or Supervisors accredited by other associations.