

Supervision and Client Contact Verification Form

Practitioner's Name:			
Reporting Period:	Start date:		End date:
Client Contact Hours:	Total Client Contact Hours in Reporting Period:		

SUPERVISOR'S DETAILS (Please use a separate form for each supervisor if you have more than one supervisor)

Supervisor's Name:			
Supervisor's Practice Address:			
Supervisor's Qualifications:			
Contact Phone No:		Email:	

SUPERVISION HOURS

Start Date	End Date	Supervision Type *See notes Individual / Group / Peer ¹ (for eligible practitioners only)	No of Participants in Group Maximum of 6 participants	Supervision Category *See notes Student ² Supervision / Intern ³ Supervision / Supervision General ⁴ / Supervision of mental health practice ⁵ / Supervision of supervision practice ⁶	Time (in hours)
TOTAL THIS PERIOD					

SIGNATURES

Supervisor: _____

Date: _____

Practitioner: _____

Date: _____

¹ Peer supervision is for senior practitioners only. Please only select peer supervision if you are eligible to do so. Please refer to the policy of your association (or PACFA).

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

³ Intern supervision is the supervision you undertake after you complete your training and while you are still completing your first 200 client hours linked to 50 hours of supervision

⁴ General supervision is supervision undertaken by fully qualified practitioners who have completed more than 200 clients hours and more than 50 hours of supervision.

⁵ Supervision of mental health practice is supervision of mental health practice undertaken by PACFA Mental Health Practitioners.

⁶ Supervision of supervision practice is supervision of your work as a supervisor. This is relevant to PACFA Accredited Supervisors or Supervisors accredited by other associations.