Supervision Guidance for Staff, Managers and Clinical Supervisors

Supervision is ‘a process that promotes personal and professional development within a supportive relationship’ (Butterworth et al 1998).

This guidance is for all staff, managers and clinical supervisors. It relates to the Trust’s Supervision Policy (2018) which you can find on the staff intranet. Staff who are not managers or supervisors need only read or print off pages 2, 3 and 4.

Part 1: General information for everyone:
- What is supervision?
- How often should it happen?
- How can it be carried out?
- Who chooses the clinical supervisor?
- What is covered during supervision?
- What about Confidentiality?

Part 2: Extra Information for Managers and Supervisors
- Responsibilities and training
- What is the role of the supervisor?
- Models of supervision
- How is supervision recorded?
- Guidance for Group Supervision

Part 3: Templates for recording supervision
- Example contract forms
- Example record forms
- Example review forms
Part 1: General Information

What is Supervision?

It is important for all staff to have supervision, whatever their job role. This helps people to understand what is expected of them and to talk about how they are doing and any problems they face. It also gives people the chance to talk through any topics related to their particular area of work so that they can continue to learn and keep up-to-date.

Supervision is also important as a way of making sure that staff are working competently using good, safe practice and this helps us to provide high quality services and patient safety.

The Trust recognises two main types of supervision. If you have a non-clinical role, you will only receive management supervision. This is when a line manager meets with a member of staff to discuss workload and how the person is doing, share information, set work objectives and identify any issues that have come up in their day to day work.

If you have a clinical role you will also receive Clinical/Professional supervision. This is required as standard for certain staff who work in clinical or professional roles. The supervision is usually carried out by a trained supervisor who works in the same clinical or professional field (such as nursing or therapy).

If you have both management and clinical supervision it is quite possible you will have two different supervisors although sometimes it will be the same person.

(NB Child Protection supervision is provided separately for certain groups of staff)

How often should it happen?

The minimum standard is once every 6 weeks. For some this will only be in the form of management supervision, for others it may be a combination of this and clinical supervision. It includes appraisal and development reviews and all supervision activity must be formally recorded.

How can supervision be carried out?

There are different ways that supervision might take place. However it is important to note that if it is mainly done in groups or teams, **staff have the right to ask for a one to one supervision meeting when they feel that their needs are not being met.**

Here are some different ways that supervision may take place:
- **One to One Supervision**: a private meeting between the supervisor and individual which could be for management or clinical discussions.

- **Team meetings or handovers**: if these events are being counted as supervision, they need to be recorded as such. It is important to note that any individual has the right to ask for a one to one session with their line manager or for clinical supervision should they feel they need it.

- **Group Supervision**: This is usually used for clinical supervision. (See more details of this later in the document)

- **Caseload/operational supervision**: where the workload, which may include clinical cases, is allocated to a person, and is reviewed to assess progress, identify any issues, difficulties and good practice.

- **Appraisal meetings**: this is a formal annual review of performance and development by a line manager, nominated deputy or senior colleague and will take place at least annually for all staff. At least one interim review meeting should take place during the year to check the individual’s progress towards their personal development plan. Other terms with the same meaning may be Individual performance review (IPR) or Development and review (D&R). Whilst it is a form of managerial supervision the frequency does constitute adequate supervision.

- **One to one peer clinical supervision** (people in similar roles at the same level supporting each other professionally)

- **Opportunistic supervision**: usually short unplanned meetings about specific clinical and other learning opportunities that are useful to both manager and member of staff)

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**Who chooses the clinical/professional supervisor?**

For clinical supervision it is your responsibility, with the help of your line manager, to find someone who works in your professional field and is a trained supervisor. Check that they have enough time to meet regularly with you and that you are near enough to find a meeting place convenient for both of you. After an agreed length of time you will review the arrangements and contract with the supervisor, evaluating what is working well and how to improve the sessions. If you decided to change your supervisor, discuss it with them and your line manager giving reasons why.
What is covered during supervision?

Your supervisor’s role is to provide you with support in your work, to help you develop and to ensure you understand the standards, policies etc. that the Trust sets.

<table>
<thead>
<tr>
<th>Management Supervision</th>
<th>Clinical/Professional Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Workload</td>
<td>• a theme</td>
</tr>
<tr>
<td>• Work issues</td>
<td>• a specific issue problem or incident</td>
</tr>
<tr>
<td>• Short/medium/long term objectives</td>
<td>• a specific area of practice case review/studies</td>
</tr>
<tr>
<td>• Personal development</td>
<td>• use of journal club as a focus for group discussion</td>
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<tr>
<td>• Personal issues affecting work</td>
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</tbody>
</table>

The key points of the discussion are recorded and you will receive a copy. Supervision records can be used by individuals as evidence for their appraisal.

What about Confidentiality?

Both types of Supervision are treated as confidential. Sometimes it is useful to share information from Clinical Supervision with the line manager as there is a natural overlap between the two types. The person receiving Clinical Supervision will normally be expected to do this but if he/she refuses the supervisor must take professional responsibility for this.

Notes of the clinical supervisory activity and resulting action points should be available to the line manager when they can show reasonable concerns. There is a clear process for breaching confidentiality.

Confidentiality may be breached if the Supervisee has:
- Performance issues
- Acted illegally
- Acted in such a manner which clearly constitutes a risk to patients and/or staff
- Clearly and seriously breached either Trust Policy and Procedure or professional and governing bodies’ codes of conduct including The Health Professions Council.
- Identified safeguarding issues
Part 2: Extra Information for Managers/Supervisors

Responsibilities and training

Managers are responsible for ensuring that all staff are regularly supervised by competent supervisors following the principles outlined in the policy. Processes for monitoring are now aligned with the e-appraisal system and staff undertaking appraisal are asked to confirm how frequently they are receiving supervision and are asked to select one of four responses:

- 6 weekly (i.e. in line with desired frequency of supervision)
- More than 6 weekly (i.e. on a weekly or monthly basis)
- Less than 6 weekly (i.e. quarterly)
- None (i.e. do not consider they are receiving any form of supervision)

This information will form the basis of a regular (anonymised) report of the frequency of supervision across different parts of the organisation for monitoring purposes.

To be competent all carrying out supervision should have attended supervision training, have read the policy and guidance and be receiving supervision themselves. Training can be found on the Trust learner management system (STAR) and training needs for managers, team leaders and clinical supervisors should be identified during the appraisal process.

Managers should also raise the subject of supervision and appraisal as a regular agenda item at staff meetings.

What is the role of the supervisor?

Supervision is about helping staff to question the taken-for-granted and to see things anew. A supervisor is a facilitator who helps staff to learn for themselves by reflecting on practice. The supervisor must make sure it feels safe for people to develop and explore their real views, ideas, beliefs, and also their errors and problems (the learning points of practice).

Models of Supervision

We recommend the use of two models of supervision as described below, but others from a robust evidence base can be selected.

Inskipp and Proctor (1993) describe three key functions of supervision:

- **Educative**: exploring learning, education and the development of skills. Reflecting on what you have learned from experience.
- **Supportive**: discussing things that affect your emotional and personal wellbeing
- **Professional**: safe practice, maintaining and developing standards and following policies and procedures. It helps supervisees to work within organisational objectives and meet the standards that are needed.
Supervision needs to have a balance of all three – although on occasions a particular session might focus more on one type than the others (e.g. where the supervisee wishes to discuss a stressful or difficult situation). Topics (as mentioned previously) should be agreed between supervisor and supervisee.


- **Contract**
  - set ground rules

- **Focus**
  - what issues are brought to the session

- **Space**
  - for investigation, reflection and challenge

- **Bridge**
  - supervisee is encouraged to reflect on discussion and develop an action plan

- **Review**
  - how far has the session met the needs of the supervisee

This gives a structure for the session with a sequence of stages.

- Contract – setting the scene, initial agreement about ground rules and boundaries (discuss what might be in the contract later). In later sessions review may lead to changes in the contract.
- Focus – Establish the issues that are important to the supervisee, clarify and consider how to approach. May need to prioritise. (Who brings issues – supervisee or supervisor?)
- Space - This stage is at the heart of the supervision process. This is where reflection and challenge takes place.
- Bridge – towards the end of the session – a bridge back into work. Consolidation, information giving and action planning
- Review – for the benefit of supervisor and supervisee – conclusions can improve future sessions

**How is Supervision Recorded?**

**Management Supervision:** Line Managers must be able to provide evidence of supervision for purposes such as audits or grievances. They should keep a record of the date of the meeting and key points discussed, using one of the template forms/other form of notes, to be kept in the personal file. Managers should check that the staff member agrees what has been noted. The staff member may also wish make a copy or his/her own notes to help them remember any important points.

**Clinical Supervision:** Formal records are kept, including an agreed written contract and session notes. Both parties agree a written contract at the first meeting. The Supervisor is responsible for keeping records of the meetings and giving copies to the individual.
The contract will include: venues; length and frequency of meetings; expectations, boundaries, rights and responsibilities, confidentiality and a review date.

Templates and examples of forms for contracts, meeting records and reviews can be found at the end of this document.

**Guidance for Group Supervision**

**What is Group Supervision?**

This model of supervision has a clinical focus where each member feels equal and able to be open and trusting of the other group members. It may be made up of peers working in similar roles, or from a multi-disciplinary team. It should be emphasised that this is not always sufficient for some staff members, who should be aware that they also have the opportunity of one to one supervision if they request it.

**What Group Supervision is NOT!**

~ A cosy chat
~ Discussions that often go off track in a way that is not helpful to individual members
~ A regular meeting where people let off steam, moan about work and are not constructive
~ A chance for certain more dominant members of a team to impose their views and opinions on everyone else
~ An opportunity for people to sit back and just listen, without contributing to the group

**What good Group Supervision is:**

~ The group works together exploring issues of clinical practice that have arisen in the workplace
~ Members use good communication skills, are non-judgemental, open and sensitive
~ They use reflection, active listening, questioning and problem solving and share each other’s perspectives.
~ As well as specific individual issues, they may discuss good practice/research/etc.
~ Care is taken to develop an atmosphere conducive to sharing, questioning and challenging practice in a constructive and supportive way.
~ The outcome of good supervision is that individuals are able to learn and to take responsibility for their own actions in order to develop their clinical practice.
~ Actions and outcomes are reviewed at the next session.

**Who Agrees to Group Supervision?**

The operational manager needs to approve this type of supervision, ensuring it is the most appropriate way of providing it for the service.
How often should it happen?
To comply with the Care Quality Commission standards, the Trust expects supervision in general to take place at least every 6 weeks but it can be more frequent if required. If group supervision is at 2 monthly intervals, individuals must seek one to one supervision from their line manager or other supervisor at least twice in the year. Appraisal and Development Review meetings (annual and interim) can be included here.

How many in a group?
6-8 is a manageable size and gives everyone the chance to contribute - any larger groups will need to be skilfully managed.

How long is a session?
This may vary depending on the number of supervisees, but would normally be about 1-2 hours.

Who runs the supervision?
This may be one person or facilitation can be shared within the group on a rotational basis. In this the agreed facilitators will take it in turns to organise, take notes and copy them to members after the meeting.

What skills does a Group Supervision facilitator need?
The facilitator needs the same skills as a clinical supervisor offering 1:1 sessions and will have attended supervision training.

This role will also require group facilitation skills. Those already experienced and skilled in running group discussions, chairing meetings or delivering group learning activities may not need extra training. Those less experienced should address any learning needs using the personal development plan with their line manager.

Formats for group supervision
Ideally members should expect to attend every session, but in the case of staff working varying shift patterns, it may be necessary to have a more flexible approach. One community hospital matron set up a regular monthly day and time when supervision would always take place and which everyone endeavoured to attend. Attendance was recorded and individuals who had missed two sessions in a row would be contacted for a one to one supervision “catch-up”.

One group had 2 hours in which to meet monthly. They used the first hour for general group discussion of a relevant topic/area of practice/area of concern, and then split into smaller groups or pairs to discuss individual concerns.
Keeping Records

The main facilitator will be responsible for holding the signed contract and supervision records and may be asked to make them available for purposes such as audit.

For every meeting the Supervision record should include a list of who attended. (an example of a Group Supervision contract and templates for Supervision records can be found at the end of this document.)

When a group has been working together for some time, it is useful to review the contract and ground rules and ensure that the meetings continue to be effective. This could take place at any time up to a year from the first meeting and should also be formally recorded.

Responsibilities of Group Members

Each person is responsible for ensuring that they:
- attend regularly
- prepare in advance
- participate actively
- take responsibility for any actions agreed
- reflect on their learning

Setting up a Supervision Group

First meeting:

Ask in advance if anyone has an issue they would like to bring to the session. Make sure you know who is coming, have organised a date, venue, time, etc.

1. If the group do not know each other well, it is important to allow time to introduce each other, break the ice and start to develop trust. The facilitator must ensure everyone gets a chance to speak and feels comfortable to air their thoughts. This should be clearly established as a ground rule from the start.

2. The group will discuss and agree ground rules, terms etc for the contract. This will include:
   - Venues
   - Length and frequency of meetings
   - Expectations, boundaries, rights and responsibilities,
   - Methods of recording
   - Confidentiality
   - Review date

   This will be typed up and copied to everyone. A form for all to sign their acceptance will be brought to the next meeting. (See example Group Supervision contract and sign-up sheet as appendix to the Supervision policy)

3. Agree which issues will be discussed today and a time limit for each. This will ensure one person does not take up too much of the group’s time.
Discussion of any issues that individuals have brought. This will often include action planning for the individual as an outcome of the discussion.

5. Allow time at the end to agree any future clinical topics that they might want to explore in common.

6. Evaluate with the group how effective and useful the session has been. Encourage reflection on learning from all members.

7. Agree a set of future dates.
Part 3: Forms and Templates

The following pages provide various examples of forms that may be used:

- Examples of Clinical Supervision Contract Forms p. 12-13
- Examples of Supervision Record Forms p. 14 & 15
- Example of Group Supervision Contract Forms p. 16-18
- Example of Clinical Supervision Review Checklist p.19
- Example of Clinical Supervision Review Record p.20
Clinical / Professional Supervision Contract (Example 1)

This contract will complement the Trust Policy and Guidelines on Supervision.

Supervisee: (Name)

Supervisor: (Name)

Date:

1) (Supervisee) and (Supervisor) agree to meet (frequency) for (duration) for supervisory activity as it is defined in the Trust’s policy.

2) The meeting venue will be within a work environment and will hopefully ensure the supervisory activity is free from interruptions.

3) (Supervisee) will prepare beforehand 1-4 issues for discussion, and will bring some clarity about his/her requirement of the supervisions outcome.

4) Sessions are confidential as agreed per policy and guidelines on supervision and unless (supervisor) is discussing in his/her own supervision, or of there are any professional concerns. If either (supervisee) or (supervisor) has any concerns, these will be discussed fully in the session with the aim of agreeing action. If agreement cannot be reached the person with the remaining concerns will inform the other what action they intend to take.

5) Supervision sessions will be based on an adaptation of the Inskipp & Proctor Model as presented in the policy: Educative, Supportive and Professional functions.

6) Summary records of the professional supervision sessions will be held by (supervisee) and/or (supervisor). These records may be accessed for the purpose of audit, to ensure the supervision process is taking place.

7) Supervision sessions may be cancelled if a situation requires the immediate response of the supervisee or supervisor, or because of illness. If the supervision is cancelled, rescheduling will be a priority.

8) (Supervisee) is responsible and accountable for any decision s/he makes as a result of supervision.

Signed…………………………………………………..(Supervisee)

Signed…………………………………………………..(Supervisor)
Clinical / Professional Supervision Contract (Example 2)

This contract will complement the Trust Policy and Guidelines on Supervision.

Supervisee: (Name):…………………….Supervisor: (Name):……………………

INTRODUCTION:
This contract sets out the formal agreed arrangements for supervision between two parties, the supervisor and supervisee. The basis of the agreement is one of mutual trust and respect. Supervision is a supportive process, facilitating staff development. This contract will complement the Trust Policy and Procedure for supervision; both parties are required to be familiar with the policy.

AGREED ARRANGEMENTS:

Methods of Supervision
- One to one supervision
- Group
- Other

Frequency: Duration:

Tools for Supervision: (e.g. reflective diary, case notes review, critical incident analysis)

Records of Supervision: (These will be held by both parties)
- Action Plan and Session Summary
- Record of supervision sessions
- Record of cancelled sessions

Supervision session content is confidential subject to violation of Trust Policies, Professional Codes of Conduct, and actions that clearly constitute a risk to patients, self, or staff. Line managers will be informed of issues raised in supervision where there is an indication to do so. In line with the policy, there will be discussion between the supervisor and supervisee on the details of line management involvement.

Supervision records may be accessed for the purpose of audit to monitor the process and evaluate the benefits. Any records used would be anonymous.

Signed: Supervisee:……………………….. Date:……………………………..

Supervisor:……………………….. Date:……………………………..

Date Contract to be reviewed:………………………..

Copy to: Supervisee ☐ Supervisor: ☐ Line Manager: ☐
Supervision Record (Example 1)

Name.................................................................. Date: ......................... Time: ...............  
Areas of work for supervision: 
A) Educational topics  
B) Professional issues  
C) Therapeutic interventions where relevant  
D) Management interventions where relevant  
E) Skills development  
F) Organisational issues

Key points:

Outcomes/Actions:

Topic(s) and date for next session:

Signed: Supervisor............................................Supervisee.................................
**Supervision Record Example 2**

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<tr>
<th>Name:........................................</th>
<th>Supervisor:....................................</th>
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<th>Record of discussion, key points, Actions, etc.</th>
<th>Date</th>
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Signed: Supervisor..................................Supervisee..................................

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<th>Record of Discussion, Key points, Actions, etc.</th>
<th>Date</th>
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Signed: Supervisor..................................Supervisee..................................

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<th>Record of Discussion, Key points, Actions, etc.</th>
<th>Date</th>
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Signed: Supervisor..................................Supervisee..................................
Example Group Supervision Contract (part 1)

This contract will complement the Trust Policy and Guidelines on Supervision.

This is a supervision agreement between:-

The Supervisor:

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<th>Name</th>
<th>Designation</th>
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and the group members detailed in the Contract form at the end of this document.

The group members will have read the Supervision guidance and will have access to the Trust’s Supervision policy.

Period of agreement

Once signed by all parties this contract will remain in force until reviewed. This should be done no longer than one year after the start of the contract, but may be done sooner on request. Should any individual group member leave the group as a consequence of changes in employment the contract will remain in force for other group members. New members will be admitted to the group with all parties consent and will sign up to this agreement.

Frequency

At the end of each session the timing of the next session will be agreed. Individual group members can request individual supervision with a supervisor if they feel group supervision does not meet their current needs.

Preparation

All parties will prepare for the session. Group members wishing to discuss individual cases/process issues should consider in advance what they wish to discuss. The supervisor will bring to the session any new guidance/policy relevant to the group.

Attendance

All parties agree to treat supervision sessions as a matter of high priority and sessions will not be cancelled unless in an emergency. Any group member not able to attend a session will inform the supervisor prior to the session. Failure to attend two consecutive sessions will be addressed by the supervisor with the group member individually. Where a concern arises in respect of individual attendance this may need to be discussed with the group member’s line manager. In the event of cancellation the session will be rearranged as soon as possible.

Environment

Sessions will take place at a mutually agreeable venue preferably away from the supervisees’ normal working environment. Sessions should not be interrupted by telephone calls unless in an emergency situation.
Recording
Notes of the key points and outcomes of the supervision session will be recorded by the supervisor on a supervision record form. Copies of the form will be forwarded by the supervisor to each individual attendee within one week after supervision.

Confidentiality
Confidentiality regarding issues discussed within the supervision session will be maintained unless concerns arise regarding professional issues.

Professional Issues
If the supervisor becomes aware of concerns regarding the practice of a group member, e.g. where procedures and policies have not been followed, where there is a breach of professional conduct, or when it is suspected that there has been, or is likely to be, unsafe practice, this information will be discussed with the line manager with the individual practitioner’s knowledge.

Training Needs
Any urgent training needs identified will be brought to the attention of the line manager, by the supervisor and/or the group members. Other training needs will be discussed including information on accessing training via the safeguarding children training programme within health, and any multi-agency training. It is each group member’s responsibility to keep a record of any training undertaken and any future needs.

Honesty/Respect
All parties will approach the session in an open and honest manner, ideas and suggestions will be open to constructive challenge so as to improve and learn from practice. Respect for another person’s views and beliefs will be regarded. Group members will listen to each other’s issues without interruption and all will be offered an opportunity to speak.

Disagreements
Any disagreements during a session will be addressed, if they cannot be resolved effectively or if any party finds it uncomfortable or difficult they can agree to postpone and reschedule the session. If necessary any party can request a change of supervisor.

Evaluation
At the end of each session there will be a short evaluation by the group as to what they feel has been achieved. Prior to the start of the next session there will be a short recap looking at the outcome of the previous session.
Group Supervision Contract (part 2)

I, the undersigned, have read and understood the terms of the above agreement and agree to be bound by them on the understanding that I can terminate the agreement under the conditions highlighted and in accordance with the Trust’s Supervision policy.

**Date** .................................

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<thead>
<tr>
<th>Name</th>
<th>Role</th>
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**Supervision Review Check List**
(to be used in Clinical Supervision after a period of time to check usefulness of approach)

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<th>Name</th>
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<tbody>
<tr>
<td>How well is supervision meeting your needs? Use this checklist to identify areas where you are satisfied, and those you would like to change in discussion with your supervisor during the Supervision Review meeting.</td>
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<th>Venue</th>
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<td>Time</td>
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<td>Ground rules</td>
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<td>Contract</td>
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<td>New information</td>
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<td>Supervisee development</td>
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<td>Supervisor approach</td>
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<td>Training needs identified</td>
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<tr>
<td>Record keeping</td>
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<tr>
<td>Practice changes</td>
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<td>Support</td>
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<td>Relationship</td>
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## Supervision review record

(to be used in Clinical Supervision after a period of time to check usefulness of approach)

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<th>Review Date:</th>
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### Main review points:


### Outcome of review:


### Date of next session:

### Date of next review:

### Date contract terminated:

### Signed:

Supervisor…………………………Supervisee…………………………….