



Sabine Cox, RP

Appendix I - SV (supervision)

If you require full supervision, please read and complete this appendix before joining a professional development group.

☼ Please indicate why you require full supervision at this time:

- I am applying to the CRPO but have not yet been accepted
- I have been accepted to the Qualifying category of the CRPO (RP qual.# _____)
- I have been accepted as a full RP but have not been cleared for independent practice (RP# _____)
- I am a counsellor and am applying to an association that requires me to have full supervision (name association and contact information):

☼ Please indicate how long you may require supervision

- Probably for one year or less
- Probably for one or two years
- Probably for more than two years
- I don't know

☼ Please list any other supervision you are currently part of (groups, peer groups, individual, in training, dyads) etc. Include frequency and the name and email of the supervisor.

- ☼ In order to provide full supervision for your practice I am required to take on the responsibility for the wellbeing of your clients during our supervisory relationship. Professional development groups offer a possibility to have a frequent platform for discussion of client issues but they do not allow me to maintain an in-depth view of your practice. Therefore, in order for the hours of group participation to be counted as supervision, I require you to book *some* individual supervision sessions with me throughout the time period covered by the professional development group. The exact number of these meetings shall be agreed upon individually depending on your practice size and recorded in a contract for individual supervision. This number should not be less than 30 minutes every eight weeks.
- ☼ Alternatively, if you are already receiving full supervision from another supervisor and are looking only to supplement your supervision hours through participation in the professional development groups, you can provide me with a letter from your supervisor stating the length, format, and frequency of your supervision and their acceptance of responsibility for your practice as well as their name and full contact information and your consent to contact them if it is deemed necessary in response to your participation in the professional development group. Upon receipt and confirmation of such letter I will attest to supervision hours for the professional development group without booking of individual sessions.
- ☼ As a therapist requiring full supervision you have the responsibility to
 - ☼ keep detailed session notes and share those notes upon request with your supervisor
 - ☼ maintain an up-to-date list of your active clients and share this with your supervisor on a regular basis (once a month or as requested)
 - ☼ implement and report on the success of interventions that have been determined *necessary* during a supervision meeting
 - ☼ consider and implement if appropriate such interventions that have been determined *advantageous* during a supervision meeting
 - ☼ use your best professional judgement to decide on appropriate interventions during your client sessions
 - ☼ immediately inform your supervisor about any extraordinary, dangerous, or questionable situations in client sessions that may lead to serious negative implications for a client, the therapist, or the supervisor
 - ☼ keep records of your hours of supervision and supervised practice and inform any third parties (associations, regulatory bodies) about your progress as required.
 - ☼ inform your clients about your supervisory status and to provide the name and contact information of your supervisor(s) upon request

By signing below you acknowledge and agree to the above and you provide your consent to Sabine Cox, RP to release information about your supervision progress her to the relevant third party mentioned above as appropriate and required.

Date:

Name (please print):

Signature: