**External Supervision Support Agreement** 

**Purpose:**

The following is a proposed External Supervision Support agreement to be negotiated and agreed to by the *supervisor* and the *practitioner* at the commencement of the supervision relationship. 

**Between:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Supervisor)

**And:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Practitioner)

for the provision of Baptist Union of New Zealand Approved Supervision.  

**Conditions of Agreement:**

Responsibility: The Supervisor takes responsibility to provide supervision that reflects a commitment to ‘best practice’ supervision approaches, and to maintain a high regard for ethical supervision standards. The supervisor, however, is not responsible for the decisions made by the practitioner or the outcomes for the practitioner’s ministry/work and/or clients. 

Confidentiality: The relationship between a supervisor and a practitioner is built through trust and openness. The supervisor will therefore treat all communication with the practitioner in supervision as strictly confidential.

The only exceptions to this are when the practitioner has given permission for information to be disclosed to another party, or if the supervisor has serious concerns for the safety of the practitioner and/or their clients. If a serious safety matter was to arise the supervisor will endeavor to notify and involve the practitioner in any action to be taken except when the immediate safety of the practitioner and others related to the practitioner’s ministry/work and/or clients may preclude this. 

Complaints: If the practitioner has concerns about the service received from the supervisor or believes that they have acted in an unethical manner, the issue can be raised directly in supervision. The practitioner may also lay a formal complaint with the Baptist Union of NZ via the Leadership Coordination Director.  

Supervision Sessions: It is agreed that the frequency of supervision will be \_\_\_\_\_\_\_\_\_\_\_\_\_. Sessions will usually be for the duration of one hour and the location of supervision will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_. 

Fees for Supervision: The fee per hour session of supervision is \_\_\_\_\_ and will be directly invoiced to the practitioner or their employer following the supervision session.

Method of payment: Usually via bank transfer but can be negotiated.

Cancellations & Missed Sessions: The supervisor or practitioner may cancel or defer a supervision session as needed; however, 48 hours’ notice is generally requested for this purpose unless due to extenuating circumstances.

Emergency Supervision sessions: The supervisor is willing to support or assist the practitioner in an emergency situation either by phone or face to face as able.  

Review of Supervision: This agreement is open to review at any time but will be formally reviewed in 3 months, and thereafter on an annual basis.

The supervisor will also participate in completing a brief annual report on the practitioner’s participation in supervision and will submit this to the practitioner’s annual reviewer.

Termination of Supervision: Either party may terminate this agreement at any time by notifying the other party of this decision. 

Specific learning or developmental goals, needs, or expectations of the practitioner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed and signed by the parties: 

Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_