

Baptist Registration

External Supervision Support: Annual Review

This form is to be completed in August / September by you, as the external supervisor, in advance of the Baptist registrant's annual review of their Registration Development Agreement (RDA). **On completion, it needs to be sent directly to the person conducting the annual review.**

No confidential information is required. This is simply to confirm the registrant's participation in the supervision process.

Supervisor Name: _____

Supervisor Email: _____

Contact number: _____

Name of person you are supervising: _____

Agreed Frequency of Supervision

- ☐ Monthly
- ☐ 6-weekly
- ☐ Bi-monthly
- ☐ 3 times per year
- ☐ Other arrangement (please provide more information)

Please note that the Baptist Union of New Zealand has a requirement of undertaking external supervision based on the number of hours employed/volunteering for under their Baptist Registration.

- *for Baptist Registrants working 40-119 per month - A minimum of 3 x per year*
- *for Baptist Registrants working 120 hours or more a month - A minimum of 6 x per year*

Supervision Attendance

Please select the option that best represents the supervisee's attendance in supervision as per their supervision agreement with you.

- ☐ The supervisee has consistently attended supervision as agreed (i.e., more than 90% attendance)
- ☐ The supervisee has regularly attended supervision as agreed (i.e., between 70 – 90% attendance)
- ☐ The supervisee has somewhat attended supervision as agreed (i.e., between 50 – 70% attendance)
- ☐ The supervisee has been irregularly attended supervision as agreed (i.e., less than 50% attendance)

If *less than 70%* attendance by the supervisee, has the supervisee given good explanations for their reduced participation as agreed? Please select the option that best represents your understanding.



☐ Yes

☐ No

Supervision Participation

Please select the option that best represents the registrant's participation and engagement with the 4 aims of Baptist Supervision

	Yes	No	Not covered
Willingness to explore personal and professional development			
Willingness to explore personal wellbeing			
Willingness to explore safe and ethical practice			
Willingness to participate in reflective learning			

Thank you for your completion of this annual review and for your support in providing supervision to our registrants.

