



SUPERVISION AGREEMENT

Date of Commencement: Date to be Revised:

Staff Member:
 Position:
 Staff Group Type:

Corporate Services (e.g. HR, Finance, CR, etc)	<input type="checkbox"/>	Residential	<input type="checkbox"/>
Administration	<input type="checkbox"/>	Client/Community Service	<input type="checkbox"/>
Co-ordinator/Team Leader	<input type="checkbox"/>	Manager	<input type="checkbox"/>
Senior Manager	<input type="checkbox"/>		

Supervisor:
 Position:

We agree to Supervision taking place
(EG: fortnightly, every Wednesday, etc as per Minimum Standards)

For approximately
(EG: 1 hour, half an hour, etc)

As a Staff Member my expectations of Supervision are:	<input type="text"/>
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(EG: planning agenda, preparing work for presentation, support, debriefing, promptness, etc)

As a Supervisor my expectations of Supervision are:	<input type="text"/>
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(EG: planning agenda, providing/receiving feedback, record keeping, etc)

SIGNATURE - Staff Member	<input type="text"/>
SIGNATURE - Supervisor	<input type="text"/>