**Appendix B**

**Template Record of Clinical/Professional Supervision**

**This is the minimum requirement for record keeping and this document must be available for audit purposes which will examine the uptake of this type of supervision.**

**Directorates and teams may require additional guidance and recording requirements, and the supervisee should keep these forms.**

|  |  |  |
| --- | --- | --- |
| **Name of Supervisor** |  | |
| **Name of Supervisee** |  | |
| **Role of Supervisee** |  | |
| **Work Area of Supervisee** |  | |
|  | | |
| **Topics discussed** | **Actions** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Supervisor Signature ………………………………………………….**

**Supervisee Signature ………………………………………………….**

**Date ………………………………………………….**

page 18 of 30