**Supervision Summary Form**

A Record of the Number of Hours of Supervision to be recorded by BOTH Supervisor and Supervisee.

Name of Supervisee:

Name of Supervisor:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date and Time | Duration (Mins): | Method of Supervision e.g. Face to Face, Skype | Supervisee Signature | Supervisor Signature |
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Continuous Professional Supervision hours must total 10 hours per year if working 20 hours or more per week, and 6 hours if working less than 20 hours per week.