Supervisors and Supervisee’s need to record the number of hours of supervision undertaken throughout the membership year 1st July – June 30th. Both Supervisors and Supervisees are responsible for these records and each should keep a copy. This form may be requested by SAFCA for auditing purposes.

Employed 0.5 FTE or more **10 hours** per membership year (full time is classed as 30 hours or more per week)  
Employed less than 0.5 FTE **6 hours** per membership year

**Name of Supervisee: Click or tap here to enter text. Agency: Click or tap here to enter text.**

**Name of Supervisor 1: Click or tap here to enter text. Agency: Click or tap here to enter text.**

**Name of Supervisor 2 (if applicable): Click or tap here to enter text. Agency: Click or tap here to enter text.**

**Name of Group Supervisor (if applicable): Click or tap here to enter text. Agency: Click or tap here to enter text.**

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| **Date** | **Length of Supervision (mins)** | **Type of Supervision**  **(in person, online, phone, group or individual)** | **Discussion – Notes, follow up etc** | **Professional or Group Supervisors Name** | **Professional Supervisors**  **Signature** | **Supervisor 2**  **Discipline Specific**  **Signature** |
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| **Date** | **Length of Supervision (mins)** | **Type of Supervision**  **(in person, online, phone, group or individual)** | **Discussion – Notes, follow up etc** | **Professional or Group Supervisors Name** | **Professional Supervisors**  **Signature** | **Supervisor 2**  **Discipline Specific**  **Signature** |
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| **TOTAL HOURS:** |  |

Supervisee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_