

EXTERNAL CLINICAL SUPERVISOR'S AGREEMENT Example

This agreement is between _____ and _____ (supervisor)

The agreed terms of the agreement are:

Commencement date: _____ Completion/review date: _____ Hrs per week/month: _____

Clinical Supervision will be provided at the following site(s) on the following day(s) and times:

Location:

Day and Time:

Frequency:

Remuneration will be at \$ _____ per hour plus GST.

As part of the role as a clinical supervisor, I agree to:

- Provide supervision in accordance with my professional code of conduct
- Consult with the supervisee/s and the appropriate line manager(s) in order to prepare and/or revise supervision agreements
- Conduct regular informal evaluations of the supervision process to ensure that it meets the needs of the supervisee
- Participate in an annual formal evaluation process
- Maintain accurate attendance records for both group and individual supervision sessions
- Provide the line manager and the Director, (or delegate) details of supervision attendance when requested
- Address any difficulties arising from supervision in accordance with the Clinical Supervision Policy Guidelines
- Inform the Manager where there is a concern about a client's health and safety due to the health status of the supervisee or non-adherence to professional codes of ethics and the Service Code of Conduct
- Ensure appropriate confidentiality
- Inform the Manager of any relevant clinical or service issues arising in the supervision session

Insurance

- The provider shall insure themselves and keep himself/herself insured during the period of the Agreement with insurance to the full extent against his liability to his/her employees employed in the performance of the Agreement, under the laws relating to Workers' Compensation. The Provider shall also insure themselves and keep himself/herself insured during the period of the Agreement for public liability and Professional Indemnity insurance. The Provider will supply the following information in relation to insurance
- A copy of current professional indemnity insurance including name of insurance companies with whom the cover is affected _____
- Policy number(s) _____
- Expiry date(s) or currency of the policies _____

Termination of the Agreement

The Agreement shall be terminated:

- Upon the expiry period for which it was made or on such earlier date and may be agreed between the Clinical Supervisor and the Service
- By one months' notice in writing given by either the Clinical Supervisor or Services
- If the Clinical Supervisor ceases to be registered with their professional body
- If the Clinical Supervisor becomes permanently mentally or physically incapable of rendering services under the Agreement
- If the Clinical Supervisor commits serious and/or willful misconduct; or,
- If the Clinical Supervisor's appointment is terminated by operation of any Act or Regulation

On the termination of an Agreement, any amount due and payable to the Clinical Supervisor shall be paid at the time of such termination or as soon thereafter as reasonably practicable.

Dispute Resolution Procedure

In the event that the Clinical Supervisor or Organisation is dissatisfied with any aspect of the operation of the Agreement, the Clinical Supervisor or the Service may give the other party notice in writing, identifying the matter or matters in relation to the dispute. As soon as practicable after giving notice, the Manager and the Clinical Supervisor, shall meet to discuss the matter and attempt to resolve it by mutually agreed processes. If a mutually agreed resolution cannot be reached, the agreement should then be terminated. The details of the matter are to remain confidential.

If a mutually agree resolution cannot be reached, the agreement shall be terminated.

Clinical Supervisor**Manager/Delegate**

Signature

Signature

Name

Name

Date

Date