



# NZCCP

The New Zealand College  
of Clinical Psychologists

Te Whare Wānanga o te Mātauranga Hinengaro

## SUPERVISION CONTRACT BETWEEN MEMBER AND SUPERVISOR

Supervisors for those applying for **Associate Membership** must be a Registered Psychologists, with a Diploma in Clinical Psychology, and be a member of an approved professional body. The supervisor must be in supervision himself or herself and have a commitment to training in supervision.

Those applying for **Full Membership** may choose peer supervision, group or individual supervision and may select a supervisor from another profession.

Supervision should be at least fortnightly.

**A current copy of the Supervisor's APC must be submitted with this Form.**

<b>Name of Member:</b>
<b>Phone:</b>
<b>Name of Supervisor:</b>
<b>Profession of Supervisor</b>
<b>Phone:</b>

### Conduct of Supervision:

- All members of NZCCP shall have supervision of their clinical work.
- Members are responsible for determining the nature and frequency of the supervision they receive. However, as a guideline, an hour supervision every two weeks for a clinician in full time work is considered adequate. Peer supervision and group supervision are acceptable.
- The working format for supervision sessions shall be defined by the Supervisor and Member at the outset of supervision, taking into account the needs and priorities of the Member, and the skills and resources of the Supervisor. The inclusion of some direct observation (audio tape, video, screen etc) is strongly encouraged.
- Supervision shall be with any qualified person a member considers to be appropriate in order to meet their supervision needs (eg psychologist, psychotherapist, psychiatrist or counsellor).
- The Supervisor and Associate shall work out the goals and objectives of the supervision process.
- The goals and objectives for the next 12 months shall be:

.....

.....

.....

- Any other specific terms of contract:

.....

.....

**We hereby undertake to meet at .....intervals for ..... hours per meeting for the next 12 months starting on...../...../.....**

Signed:

Member:.....

Supervisor:.....