



DIETITIAN SUPERVISION

Supervisor (name/email/phone):

Supervisee (name/email/phone):

Supervisee's emergency contact (name & phone):

Commencement date:

Frequency of sessions:

Meeting space/modality:

Areas of support supervisee would like to focus on over the next 12 months:

- Continuing professional development
- Client/patient case debriefing
- Problem solving
- Work-life balance
- Burn-out prevention
- Project management
- Clinical skill development
- Workplace challenges
- Administrative tasks
- Time management
- Counselling skills
- Other:

Check-list:

- Fee schedule provided
- Cancellation policy provided
- Confidentiality agreement & consent form returned
- Copy of this document provided to both parties

This document to be completed every 12 months at annual review

May 2020