**Please complete the following information below and return the agreement to me as an attachment if you would like to proceed with our Supervision service:**

Full name:

Name you would like the Supervisor to use if different to above (other than your given/legal name):

Address:

Date of Birth:

Emergency contact number for yourself *(in the event of technology breakdown which disrupts a counselling appointment or our inability to meet you at the agreed session time):*

Telephone number:

Email:

Preferred contact type: Calls Text Email

Emergency contact number for someone else (*in the event you are unwell during a session or in the event of a welfare check, this can be a family member, a friend, colleague, or support worker, please inform them that you have provided this information*):

Name:

Relationship to you:

Telephone number:

Email:

GP Surgery Name and Address:

Please sign (electronically if needed) and date here if you agree to working to the points within this agreement.

Signature………………………………….

Date………………………………………….

**Please answer the questions listed below prior to returning the signed agreement document.**

If you are training, please advise of the course level and where you are studying? Or if you are currently studying or about to start any additional CPD.

If you are qualified, please advise of the course level and where you studied?

Please state what are your main requirements from supervision?

Are you currently receiving counselling or psychological support?

Do have any diagnosed physical conditions/diagnosis that I may need to be aware of (for your safety within sessions, so that I can react accordingly in the event of an incident)?

Please list any prescription medications you are currently taking (for your safety within sessions, so that I can react accordingly in the event of an incident)? (please state none if not applicable):