



Emmaus Road Supervision

Sharing the journey – discovering new insights

Pastoral Supervisor: Rev Neil Dawson (GCPS)

Associate Member AAOS

SUPERVISION CONTACT/CONSENT FORM

Name: _____

Organisation: _____

Address: _____

Phone No: _____

Email: _____

Account to be sent to: _____

Emergency Contact Name & Number: _____

I consent for **notes** to be kept from my supervision sessions. These notes will be kept confidential unless required for legal/duty of care reasons.

I understand that my **privacy and confidentiality** will be protected except when information shared relates to a matter requiring mandatory reporting or for legal/duty of care reasons.

In the case of an **emergency**, I give permission for the emergency contact person that I have listed above to be contacted.

I have read and agree with the above terms and conditions.

Signed: _____

Date: _____

☎ 0400 257 696



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