[Insert organisation name/logo]

**Clinical supervision contract (supervisor and organisation)**

**Note\***

This template is an example of a simple contract for **the provision of external clinical supervision**. Organisations need to ensure agreements meet their specific needs. It is adapted from the NSW Health Drug and Alcohol Clinical Supervision Guidelines (2018) and The Super Guide: A Handbook for Supervising Allied Health Professionals, 2012 Second Ed, HETI Resource.

\*Please delete note before using the template.

1. **Parties to the Contract:**

This contract is between **[insert organisation name]** and **[clinical supervisor name].**

**The agreed terms of the contract are:**

Commencement date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completion date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Renewal of Contract is subject to review upon completion date.

1. **Services and remuneration**
* The number of hours per month will be \_\_\_\_\_\_\_\_\_hrs. With a maximum of \_\_\_\_\_\_\_\_hrs. Variations to be approved by CEO/Manager of **[organisation name]** as required.
* Remuneration will be at $\_\_\_\_\_\_\_\_ per hour plus GST.
* Clinical supervision will be provided in accordance with the **[organisation name]**’s Clinical Supervision Policy and Procedure.
1. **Insurance**

The Clinical Supervisor must throughout the period of the contract maintain such insurances as are necessary to indemnify themselves and **[insert organisation name]** against the costs associated with any public or professional liability which may be incurred under this contract in the amounts as follows:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Public liability insurance

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Professional indemnity insurance

1. **As part of my role as clinical supervisor, I agree to:**
* Provide supervision that is consistent with **[insert organisation name]**’s aims and objectives
* Consult with the staff member(s) to develop a Clinical Supervision Agreement
* Provide certified copies of credentials, current curriculum vitae and details of insurances
* Work within the parameters of the **[organisation name]** Clinical Supervision Policy and Procedure, specifically with regards to on the areas of:
* Responsibility and accountability
* Record keeping and confidentiality
* Managing disputes and concerns
* Monitoring and evaluation
* Termination of clinical supervision.
1. **I have read and understand the terms of this contract and the [insert organisation name] Clinical Supervision Policy and Procedure.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date for review:

Authorised representative from **[organisation name]**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date for review: