**2020 ANNUAL PRACTICE REVIEW**

**SUPERVISOR’S REPORT**

**For the period 1st April 2019 – 31st March 2020**

**NOTE FOR NZCCA MEMBERS:**

Please complete 1 supervisor’s report for each external/face-to-face supervisor you have seen during this review period i.e. two external supervisors will require two reports to be completed.

Please email this report to your supervisor so you can complete it when you meet.

**INSTRUCTIONS FOR SUPERVISORS:**

Supervisors MUST discuss the following questions with the supervisee during supervision. Once completed, please save this form and email it back to your supervisee. *Please email back as a Word or PDF document.* *Please do not email any photo or picture files, e.g. jpg, bmp, png files, as these file types are not supported by our system.*

All of the questions on this report relate to the Annual Review period **1 April 2019 – 31 March 2020.**

Please answer all questions. We encourage you to type the information into this report. If writing, please write legibly.

**1. Counsellor’s name:**

**2. supervisor’s name:**

**3. Are you an approved NZCCA supervisor? Yes / No**

*(Your supervisee can check if you are approved by going into the manage supervisor’s button in their online Annual Review form. They have been given instructions on how to do this.*

*NOTE: The online ‘Find a Supervisor’ webpage will only show NZCCA members who are supervisors.*

*If you are unsure, please check with your supervisee or email the NZCCA Administrator to check* *info@nzcca.org.nz**.*

*If you are not approved you will need to complete the online Supervisor Application Form. Follow the simple sign up and application instructions* [*here*](https://youtu.be/6OAFeDhIzdo)*.*

**4. You may be contacted as part of the Annual Review process. Please state how you would prefer to be contacted (landline, mobile or email). Are there any days/times which are preferable or not suitable?**

**5. Is your supervisee an Academic / Provisional / Full / Life / Retiree Member?**

**6. On average, how many client hours has your supervisee completed per month?**

**Supervision**

**Supervision Requirements**

1:40 clients, minimum monthly (Academic, Full, Life and Retiree Members)

1:20 clients, minimum monthly (Provisional Members)

**7. On average, how often does external supervision take place?**

 Weekly / Fortnightly / 3-Weekly / Monthly / Other

Please comment if other:

**8. On average, how many hours of external supervision was:**

 Face to face (hours) \_\_\_\_\_\_\_\_\_

 Skype/Zoom (hours) \_\_\_\_\_\_\_\_\_

 Phone (hours) \_\_\_\_\_\_\_\_\_

 **Total External Supervision (hours)** **\_\_\_\_\_\_\_\_\_**

**Other Supervision**

Refer to Supervision FAQs and Supervision Statement for more information on the categories below.

**9. On average, how many hours of other supervision has been:**

Cultural supervision (hours) \_\_\_\_\_\_\_\_\_

Formal internal/agency supervision (hours) \_\_\_\_\_\_\_\_\_

(One on one, not group)

Facilitated group supervision (hours) \_\_\_\_\_\_\_\_\_

(You may only claim the time spent discussing your own clients)

Peer supervision (hours) \_\_\_\_\_\_\_\_\_

(You may only claim the time spent discussing your own clients)

Any other supervision not listed above (hours) \_\_\_\_\_\_\_\_\_

**Total Other Supervision (hours)** \_\_\_\_\_\_\_\_\_

**10. Please explain any extenuating circumstances if your supervisee did not meet the minimum external supervision ratio of:**

* at least monthly supervision (minimum of 11 months), or
* 1:40 clients for Academic, Full, Life and Retiree Members, or
* 1:20 clients, minimum monthly for Provisional Members

e.g. changed supervisor, illness, on leave etc. This will be considered on a case by case basis.

**Other Questions**

**11. What strengths have been identified by you and your supervisee?**

**12. What goals and areas for ongoing development have been identified by you and your supervisee?**

**13. In the review period, if a complaint has been raised against your supervisee in their professional context and NZCCA do not have knowledge of it, please inform** **membershipchair@nzcca.org.nz** **(your communication will be kept confidential).**

**14. In the review period, if your supervisee has been convicted of any criminal offence, excluding traffic infringements and NZCCA do not have knowledge of it, please inform** **membershipchair@nzcca.org.nz** **(your communication will be kept confidential).**

**15. Supervisor comments:** (optional)

**16. Declaration**

This Annual Review has been completed in accordance with the review criteria as summarised above. We have discussed the Annual Practice Review Criteria Assessment Form and I am satisfied that my supervisee:

[ ]  Is practicing safely

In signing this review I acknowledge that I have read the supervision requirements of NZCCA (as outlined in the Supervision Statement and Supervision FAQs) and have discussed this report with my supervisee.

**Supervisor’s Signature:**  **Date:**

*(Due to the COVID19 restrictions, a typed signature is acceptable for this year’s review.)*

*NZCCA would like to thank you for completing this report. Please contact* *info@nzcca.org.nz* *if you have any questions.*