**Supervision Contract (VIG)**

Supervision Agreement between:

 ……………..................................................................... (Trainee) &

 ………………………..................................................... (University VIG Supervisor) & ........................................................................................ (Workplace Supervisor)

**Practicalities University supervision**

6x 1:1 supervision for 60 minutes each:

* The session is on MS Teams.
* The person responsible for booking the link is VIG supervisor.
* Cancellation arrangements: trainee to cancel by email only if they do not have film or are sick; supervisor to cancel by email if sick.

6x group supervision for 2.5 hours:

* The session is on MS Teams.
* The person responsible for booking the link is VIG supervisor.
* Cancellation arrangements: trainee to cancel by email if sick; trainees should still attend if they do not have film; supervisor to cancel by email if sick.

**Practicalities Workplace supervision (for overall case oversight/management)**

* One session each ……........…… for ………….........…….. hours/minutes
* The venue the session (s) will take place at is ……………….....................
* The person responsible for booking the accommodation is …………..........
* Cancellation arrangements…………………………………..........................

**IAPT Mandatory Requirements**

N.B. Children/young people must have a diagnosis or suspected ASD and /or LD.

VIG work: Three, closely supervised, completed individual cases with parents and/or professionals (seen for a minimum of 6 cycles across the cases and where at least one family has completed 3 cycles) and have received a minimum number of 5-6 x 1 hour 1:1 supervision hours and 4-5 hours group supervision: concerns related to social interaction and communication; identified need to build relationships, attunement and attachment.

**University supervision** –

Supervision of work with three families and/or professionals using VIG, for a minimum of 6 cycles, over a minimum of 5-6x 1 hour 1:1 supervision sessions.

Observed clinical practice (through analysis of client-child and practitioner-client film) throughout the programme through 1:1 and group supervision.

**Workplace supervision** –

Caseload review:

Oversight of the case work, particularly in relation to the initial overall assessment and evaluation, risk assessment and safeguarding.

**Aims of Supervision**

The primary focus of supervision is the welfare of the client through the supervisee’s learning process, in terms of knowledge attainment, attitude refinement, and skills development.

**Professional Guidelines/BABCP Code of Standards and Ethics/AVIGuk Values and Beliefs to which I will adhere:**

...................................................................................................................................................

In addition I agree to adhere to my workplace policies relating to supervision and ethical practice …………………………………………….

.

Goals for University supervision:

1.

2.

3.

4.

Goals for Workplace supervision:

1.

2.

3.

4.

**Steps in the event of a breakdown in the arrangements for VIG clinical skills supervision:**

In the event of inappropriate behaviour by the supervisor/supervisee this should be discussed together initially. If this is unsuccessful or the behaviour is of a serious and immediate nature then Kat Gardner (Programme Lead, University) or .............................................. (Workplace) should be informed IMMEDIATELY.

In the unlikely event that the relationship between the supervisee and supervisor deteriorates, each person is responsible for attempting to work together to resolve the problem.

**Changes to this agreement and timescale:**

Changes to this agreement can be negotiated at any time.

This agreement covers the period ………………………….………………………….

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_ University VIG skills Supervisor \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_ Workplace Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

[Adapted from BABCP template]