

Signed by 2020-2021 Supervisor _____ Date: _____

Record of Supervision for 2019-2020

Attach your Record of Supervision sessions for 2019-2020 or complete this record of your Supervision:

Name of 2019-2020 Supervisor: _____ FCAN Membership Number: _____

Session:	1	2	3	4	5	6	7	8	9	10	11	12	Comments
Date													
Duration hour/s													
Structure of Session:													
Face to Face													
Telephone													
Other													
Type of Supervision:													
Peer, Technical or Case Work (min 50%)													
Clinical (max 25%)													
Group Supervision or case conference (max 25%)													
Line Management (max 25%)													
Areas Discussed:													
Practice management and administration													
Skills & Technical knowledge													
Ethics													
Case review													
Industry trends, issues and legislative changes													
Self-care													
Workplace, organisation & cultural changes													
Personal insight and reflection													
Improvements/issues/suggestions													
Supervisee Initials													
Supervisor Initials													