

**AASW Annual Supervision Report**

*As a part of your CPD requirements, you must meet your Category 1 – Supervision requirements.*

*You must add this activity into your electronic CPD Record and upload evidence of your supervision. You may use this template to evidence your supervision hours. Alternatively, you may submit your evidence in another format as per the CPD Policy.*

## **Member Details**

|  |  |
| --- | --- |
| **Member Name** |  |
| **Member Number** |  |

## **Supervisor Details**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Position/Job Title** |  |
| **Organisation** |  |
| **Address**  |  |
| **Phone** |  |
| **Contact Email** |  |
| **Qualifications** |  |
| Is the supervisor a qualified social worker? □ Yes □ NoIs the supervisor an AASW member? □ Yes □ NoIs the supervisor an AMHSW member? □ Yes □ NoIs the supervisor a member of another professional organisation? □ Yes □ NoIf yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## **Supervision Agreement**

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| □ | We have read and met the requirements of the AASW Practice Standards, CPD Policy and Code of Ethics |
| □ | We have a formal supervision contract and completed formal supervision meetings as per the dates below |
| □ | We have attended to the three functions of supervision as per the Supervision Standards * Administration
* Support function
* Reflective practice / Education
 |
| □ | We have engaged in critical reflection on practice/casework.  |
| □ | We have discussed ongoing professional development needs and developed a yearly professional development plan for supervision. |
| **Planned frequency of supervision**□ Weekly □ Fortnightly □ Monthly Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date** | **Duration** |
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| **Total hours of supervision:**  |  |

## **Declaration**

I declare that the information I have supplied on this supervision log is complete and accurate

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of member** |  | Date  |  |
| **Signature of supervisor** |  | Date  |  |