

CLINICAL SUPERVISION EXPRESSION OF INTEREST

To understand your supervision needs, please provide some information on the following topics.

Name:

FOUND ME THROUGH:
(e.g. online search, word of mouth...)

Telephone:

Email:

Practice experience, length,
types of clients, private/community etc.

Any professional associations and/or
networks you belong to:

Current/recent experiences of
supervision, both good and bad:

Training/specialisations:

<p>What approaches or theories guide your clinical practice?</p>	
<p>What ethical or legal frameworks affect your practice?</p>	
<p>Strengths:</p> <p>Aspects of your clinical practice you feel you are good at, are confident about.</p>	
<p>Key learning areas/Concerns:</p> <p>Aspects of your clinical practice you would like to improve.</p>	
<p>What have been your preferred ways of learning? e.g. case presentation, journaling, reading, etc.</p>	
<p>What self-care strategies do you currently undertake?</p>	
<p>Frequency of sessions, e.g. monthly, weekly, fortnightly:</p>	
<p>Online or face to face preferred:</p>	

Thank you for completing the form.

Please forward to me at eleni@psychotherapyinmelbourne.au and I will be in touch with you shortly.