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| --- | --- |
| **Name:** |  |
| **FOUND ME THROUGH:**  **(if online search: keywords used)** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Practice experience, length,**  **types of clients, private/community etc.** |  |
| **Current/recent supervision?** |  |
| **What have been your experiences with supervision, both good and bad?** | Good:    Bad: |
| **Training/specialisations, professional networks, support** |  |
| **What approaches or theories guide your clinical practice?** |  |
| **What ethical or legal frameworks affect your practice?** |  |
| **Strengths:**  Aspects of your clinical practice you feel you are good at, are confident about: |  |
| **Key learning areas/Concerns:**  Aspects of your clinical practice you would like to improve. |  |
| **What have been your preferred ways of learning? e.g. case presentation, journaling, reading, etc.** |  |
| **Overall goals for supervision:** |  |
| **Seeking online/face to face supervision?** |  |
| **Frequency of sessions:** |  |

Thank you for completing the form.   
Please forward to me at eleni.connect@protonmail.com and I will be in touch with you shortly.