**Mental Health Practitioner**

**Professional Supervision Agreement**

The WGPN requires all clinical practitioners working in mental health services to provide evidence of their professional supervision arrangements in accordance with the Australian Government Department of Health PHN funding guidelines.

The WGPN will provide reasonable financial support for supervision as negotiated and time off for up to twelve one hour sessions per calendar year. This may occur through individual or group face to face or tele/videoconferencing arrangements.

The hourly rate will be negotiated on an individual clinical practitioner basis and time/dates of attendance will require the prior approval of the Mental Health Service Manager. Payment will be made upon presentation of invoice.

**Mental Health Practitioner:**

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| --- | --- | --- |
| **Name** |  | |
| **Address** |  | |
| **email** |  | |
| **Phone No** | Wk | Mob |
| **Profession/Qualification** |  | |
| **Professional Registration** | Name of Registration Body: | |
|  | Registration Number: | |

**Supervisor:**

|  |  |  |
| --- | --- | --- |
| **Name** |  | |
| **Address** |  | |
| **email** |  | |
| **Phone No** | Wk | Mob |
| **Profession/Qualification** |  | |
| **Professional Registration** | Name of Registration Body: | |
|  | Registration Number: | |

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| **Mental Health Practitioner Signature** | **Date** |