

**SUPERVISION PASSPORT**

Name: .....

Title: Bank Worker

**CLINICAL SUPERVISION RECORD**

Please complete each month following supervision.  
 It is essential that you and your supervisor sign this form.

DATE OF SUPERVISION	LENGTH OF SUPERVISION	SIGNED BANK WORKER	SIGNED SUPERVISOR	COMMENTS

**GROUP SUPERVISION/REFLECTIVE PRACTICE/AD-HOC SUPERVISION**

DATE OF SUPERVISION	LENGTH OF SUPERVISION	SIGNED BANK WORKER	SIGNED SUPERVISOR	COMMENTS

**THESE FORMS MUST BE FORWARDED TO CSBS MANAGER ON 31<sup>ST</sup> MARCH EACH YEAR AND WILL BE RETAINED IN YOUR PERSONAL FILE**

If you are unable to meet the Clinical Supervision requirements or are having difficulties, please contact the Central Staff Bank Service Manager on 01642 837674 or [tewv.centralstaffbankservices@nhs.net](mailto:tewv.centralstaffbankservices@nhs.net)