Therapeutic Life Story Work International

Supervision for Therapeutic Life Story Work: The Rose Model

**This Agreement is for those being supervised by non-trained TLSW / TLSWi Supervisors**

**Agreement overview:**

This contract is the agreement between ……………………………………………………… (Company/Agency/Local Authority Supervisor)

**Name and Contact Details of Supervisor/Line Manager:** .…………………………………………………………………………………………………………..

and the **Student / TLSW Practitioner (Name):** …..…………………………………………
for the provision of professional supervision of Therapeutic Life Story Work: The Rose Model.

Start date of contract:

Date of review:

**1. Duration:**

The contract will be in place for 1 year starting at the time the Student/TLSW Practitioner begins their work with a child/young person/adult, at which point it will be reviewed on a yearly basis.

If for any reason the contract needs to be terminated before the end of the 1-year period by either party, a two month notice period will be observed.

**2. Service /Supervision Agreement and Accountability:**

**This is the service that** ………………..……………………….. (Company/Agency/Local Authority Supervisor) **agree to deliver.**

(Company/Agency/Local Authority Supervisor) will provide professional supervision to the practitioner in relation to Therapeutic Life Story Work: The Rose Model. The supervision service aims to:

Ensure that the supervisee – as a trainee – is supported during their learning and practice hours **according to the TLSWi Supervision Policy 2022 and that of the Professional Diploma in Therapeutic Life Story Work Course**

• assist in the supervisee’s professional development

• ensure that the supervisee is clear about their roles and responsibilities while providing TLSW

• ensure the supervisee is accountable for their practice - **all practice hours and supervision sessions must be logged and signed off by the supervisor. TLSWi may contact supervisors to request confirmation that sessions have taken place. Every student is required to confirm to** **admin@tlswi.com** **who their supervisor is by returning this form, and will notify** **admin@tlswi.com** **of any change during the course.**

• **be a primary source of support for the supervisee by having an understanding and knowledge of the TLSW Rose Model process** (if required there is available an “Advanced Certificate in TLSW 6-Day Course” that is delivered throughout the UK).

• provide regular feedback to the supervisee on their performance

• enable the supervisee to perform to the standards specified in the role of a Therapeutic Life Story Worker: The Rose Model according to the **TLSWi Competency, TLSWi Equal Opportunities Policy, TLSWi Confidentiality Agreement and TLSWi Professional Code of Ethics;** all of these policies are available to the supervisee (student/TLSW Practitioner).

The relationship between the supervisor and supervisee is a supportive one that requires openness and honesty. For this reason, there is a level of confidentiality to supervision. If the commissioner/employer wants feedback about supervision information about the TLSW, discussion can be shared but elements pertaining to the supervisee’s personal process will be subject to confidentiality agreements. However, there are exceptions to this:

• if there are any concerns about the supervisee’s safety to practice,

• if there are any concerns about the supervisee’s own health and safety and/or well-being

In such situations the supervisor has a responsibility to share this with the relevant person.

**Agreement:**

We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Company/Agency/Local Authority Supervisor) agree to abide by the terms of this contract.

Signed Date:

Print name:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee - Student/TLSW Practitioner) agree to abide by the terms of this contract

Signed Date:

Print Name: