**Theraplay**® **Supervision Agreement - UK 2025**

*This is a template only. Supervisors should ensure that their agreement with students and practitioners covers all the legal and ethical requirements relating to their practice in their locality.*

| **Theraplay supervision** |
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Theraplay supervision can best be understood as a training or mentoring guidance while a student is on the practicum. It does not replace any clinical supervision the student may already be accessing. The supervisor provides guidance and direction to the student's practice. The aim of Theraplay supervision is to increase the skill levels of the student with respect to their Theraplay® Informed Practice.

Theraplay supervision may also be received by those who are not yet on the practicum and by Theraplay practitioners who have already completed all or part of the practicum and choose to seek out consultation when working with complex cases or unfamiliar client groups. The Theraplay supervisor does not hold clinical or managerial responsibility for the welfare of the clients. This responsibility remains with the student/practitioner and, if applicable, the student/practitioner’s workplace manager.

Theraplay® supervision can only be provided by a Certified Theraplay® Practitioner with at least two years’ experience and who is a Certified Theraplay® Supervisor or is currently on the Theraplay® Supervisors’ Practicum. See *Dyadic Theraplay® Practicum Certification Procedures* document*.*

| **Supervision agreement** |
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This agreement is between **NAME** (student/practitioner) and **NAME** (supervisor).

The student/practitioner should tick ✓ all boxes that apply:

| **Practicum** |  | **Non-practicum** |  |
| --- | --- | --- | --- |
| **Individual supervision** |  | **Cohort supervision** |  |
| **Dyadic (parent/child) Theraplay®** |  | **Group Theraplay®** |  |

**As the student/practitioner, you are responsible for:**

* agreeing to and signing the online Best Practice Requirements *or*
* demonstrate that you have signed the Best Practice Requirements at the end of your training;
* working within your role and qualifications;
* working within the ethical framework of your professional body, if applicable [insert];
* ensuring that your organisation and management is aware of and approves of your use of Theraplay® based principles/Theraplay® Informed Practice. Before supervision can begin, you must provide me with a letter to this effect and with the contact details of your line manager;
* ensuring that you are receiving appropriate managerial and clinical supervision elsewhere as appropriate to your role and the work you are doing;
* the welfare of your clients;
* using the correct description of your Theraplay® work in any documents or communications with professionals and families;
* ensuring that you have gained consent for the intervention and for videoing from each new family you present for supervision, as well as the local authority, if applicable. The consent must include a privacy statement detailing why, how and when data is to be stored, transferred and erased in line with your workplace data protection policy or, if independent, your own data protection policy. You must share with me a copy of each consent form to this effect or, if supervised online, send a declaration signed by you to confirm that you have gained the correct consents.
* sending a completed *Dyadic Session Supervision Form, Parent Session Form* or *MIM-Based Assessment Analysis Form* to me before each supervision session;
* completing a brief *Supervision Reflection Form* after each supervision session and completing the *Evaluation Form*at the end of each stage;
* transferring or bringing a video recording of the session to be supervised.

**As the Theraplay® supervisor, I am responsible for:**

* providing detailed and supportive guidance within the supervision hour regarding your Theraplay® related work;
* working within the ethical framework of my professional body [insert];
* completing administrative tasks such as recommending you to the Theraplay® Institute for Intermediate or Final Evaluation within prompt and agreed timescales. Where additional administration tasks arise, e.g. references or reports for an external body, an additional fee may be agreed and charged in advance;
* discussing issues that may arise with my supervisor and senior colleagues and providing you with feedback;
* maintaining confidentiality and storing, transferring and deleting written and video materials in accordance with my data protection policy;
* raising concerns if issues arise with respect to unethical practice or child protection in order to promote the safety of you as a Theraplay® student/practitioner and the safety of your clients. I will share these concerns with you and, if necessary, your line manager and professional body.

**Practical issues:**

* Supervision may be provided face-to-face or via the internet.  A combination of methods may be used over the course of the practicum as best fits your needs and my supervision practice.
* Fees - Supervision fees are £\_\_\_\_\_\_ per supervision hour, invoiced monthly/payable in advance and paid by BACS/cheque/cash. Fees are reviewed annually with the next fee review date being \_\_\_\_\_\_\_\_\_\_\_. I may exercise my statutory right to claim interest and compensation under the late payment legislation if not paid within 30 days.
* Cancellation - If you need to cancel a supervision session, I require \_\_\_\_ days/hours notice, otherwise the full fee is payable. When possible, I will try to re-arrange a session within the same week. If I need to cancel a supervision session, I will inform you as soon as I can and will not charge for the cancelled session.
* If I feel that you are unlikely to meet the practicum requirements, if you feel that I am not meeting your requirements for supervision, or if we encounter differences in our ethical frameworks, we will make one another aware of these as soon as possible and work towards resolving the issues before amending or terminating this agreement or seeking an alternative supervisor.

**In undertaking Theraplay® Supervision, we agree to the above statements:**

**Student/practitioner**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (signed)            Date \_\_\_\_\_\_\_\_\_\_\_

**Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    (signed)            Date \_\_\_\_\_\_\_\_\_\_\_

**Theraplay UK**

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