

**Supervision Agreement Confirmation**

For provisionally-registered social workers with an overseas qualification

|  |  |
| --- | --- |
| Social Worker’s Name |  |
| Social Worker’s Registration Number |  |
| Supervisor’s Name |  |
| Supervisor’s Registration Number  |  |
| How many years of New Zealand social work experience does the supervisor have? |  |

|  |  |
| --- | --- |
| I confirm the registered social worker named above has a monthly supervision agreement in place with me. | Y [ ]  N [ ]  |



Supervisor’s signature ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed: Click here to enter a date.

**Please note: The supervisor must mail or scan and email the original signed copy to us at the addresses below.**