



Supervisor Training & Approval Program

Supervisee Consent Form [SCF]

I, _____ agree to provide information and material in
Name of Supervisee

regard to my supervision by _____
Name of Supervisor

I understand that this information will be used, in confidence, for the purpose of the Evaluation and Research components of the Supervisor Training and Approval Program [STAP] being undertaken by my supervisor.

 Signature of Supervisee

 Date

Address: _____

Phone Numbers: _____

(at which supervisee can be contacted if randomly selected for STAP research phone interview)

I agree to my supervisee providing information and material for the Supervisor Training and Approval Program [STAP].

 Signature of Supervisor

 Date