**Supervision Plan Proforma**

Accredited training posts must have a documented supervision plan. This document provides a proforma for a supervision plan, it is designed to be saved and edited as required to suit your health service.

**Supervisory team**

*Include all members of supervisory team (including nursing staff) and how to contact*

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Contact details** |
|  |  |  |
|  |  |  |
|  |  |  |

**Supervisor roster**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **After hours** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

**Level of supervision**

*Describe how frequently and what types of consults the registrar must call or report to the supervisor*

**Notification of issues**

**Urgent**

*Document what issues that the registrar is required to notify urgently. Include who and how to notify.*

*Document what to do if contact cannot be made with supervisor for an urgent matter.*

**Non-urgent**

*Document what issues that require non urgent notification, who and how to notify*