PACFA FORM



PACFA Training Standards Assessment: Client Contact Supervision –

(To be completed by the Applicant's Supervisor)

Part 1 – Supervisor's Contact Details	Part 3 – Supervision Arrangements
Name	The details reported on this page give an accurate description of our supervision arrangements.
Address	
	Total supervision hours completed for individual sessions
Phone/Mobile	Total supervision hours completed for individual and Group sessions
Email	(maximum 6 trainees per group)
	Total supervised client contact hours completed
Qualification	
	Declaration
	Supervisor's signature
Part 2 – Sessions and Duration	
Supervision was:	Day Month Year
Individual Group (max 6 trainees)	Date Signed / /
Individuals sessions and duration	
Session duration (minutes)	Applicant's signature
Number of sessions	
Group sessions and duration* Session duration	
(minutes)	Day Month Year
Number of sessions Mode of contact	Date Signed / /
(face to face/online etc.)	
Number in group *At least 50% of the minimum requirement for supervision must be met by	Please note: The template is a guide only. Verification forms issued by supervisors may vary from the prescribed format, but they must contain the required information as above). Please refer to the PACFA Training Standard 2022
This report relates to the period:	
. ,	for further information.