

APPLICATION TO RECEIVE CLINICAL SUPERVISION

The Michael Palin Centre offers supervision to qualified Speech and Language Therapists at a cost of £100 per hour. Please complete this form if you wish to arrange supervision, and send it to The Michael Palin Centre.

Name:.....

Additional names if group supervision:.....

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Contact telephone number(s).....

Email:.....

RCSLT membership number:..... HCPC number:.....

Name of NHS Trust / other employer.....

 Manager's name.....

 Address:.....

 Telephone:.....

SLT in Independent Practice:

 Name of practice.....

 Address:.....

Name and address / email address to which invoice should be sent.....

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Work setting (s):.....

Current client group:

 Children under 7

 Older primary school age children

 Secondary school children

 Adults



Special interests:.....

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Do you currently have any other clinical supervision? Yes / no.

If yes, please give details.....

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Any preferred day of the week, or please state if no preference.....

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Any therapeutic approach or model that you work within or are interested in developing your skills in:.....

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How often you would like sessions and over what period of time (if known).....

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Face-to-face or Skype preferred:

Please give an indication of your experience to date and any post-grad CPD in stammering.....

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Please comment on what are you hoping to gain from supervision?.....

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Whittington Health 



The
Michael Palin
Centre
for stammering

When the start of supervision is agreed the name and email address of the invoicee will be sent to the Finance Department at Whittington Health. The invoicee will be contacted by that department to make payment, either by bank transfer.