**1. Supervisee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Surname |       |
| Date of Birth |       |

**2. Person Responsible for Account**

|  |  |  |  |
| --- | --- | --- | --- |
| Title, Name, Surname |       | I.D. No |       |
| Residential Address |       |
|  |       |
| Postal Address |       |
|  |       |
| Employee Name and Work Address |       |
|  |       |
| Contact No’s | Home |       |
|  | Cell |       |
|  | Work |       |
|  | Fax |       |
|  | E-mail |       |
| **Medical Aid** Name |       | Medical Aid No |       |
| Principal Member Name |       | I.D. No |       |

**4. Practice Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Practice |       | Registration Number |       |
| Qualifications |       |
| Supervision in terms of children, teens etc? |
|       |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s / Guardian/s Signature: Date:

**CONTRACT**

**Please read, then, tick each point as confirmation of acceptance thereof**

[ ]  A rate of **R700 per 1 hr session** will be charged for supervision.

[ ]  Please make bookings online and note that this practice is run on a **cash-up-front** basis. Bank details are provided below.

[ ]  Appointments not cancelled the day before, will be charged at the full standard rate.

[ ]  Reports **will not** be written.

[ ]  No court work, court reports, consultations with legal representatives will be entered into.

[ ]  Supervision will not commence prior to this contract being completed and returned via email: clairedejagertherapy@gmail.com.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisee Signature:Date:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Worker / Supervisor: Date: