**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: