MINISTRY WELLBEING
FORM 4B

Anglican Church
Diocese of Perth

Professional Supervisor Report for those undertaking Ministry Reviews

Parent Policy: Policy 10.7A – Section 4.5
Completed forms to be forwarded to: mwd@perth.anglican.org

Name of Supervisor: _____

Name of Supervisee: _____

We, confirm the following professional supervision sessions were conducted during calendar year _____

Individual Supervision	
Date	**Duration of Individual Session**

Group Supervision	
Date	**Duration of Group Session**

Total Hours of Individual Sessions	

Total Hours of Group Sessions	

The supervisee discussed their annual ministry review with their supervisor on _____ (date).

Signature of Supervisor: _____ **Date:** _____

Signature of Supervisee: _____ **Date:** _____