

# CLINICAL SUPERVISION TRAINING OPPORTUNITIES

## Supervisor Training

This two day workshop is practical and comprehensive, and is based on a generic supervision model. The training is designed to cater for varying types of supervisory experience levels and is suitable for all mental health practitioners regardless of professional orientation, area of specialisation or model of service.

### Learning outcomes:

- apply skills in facilitating the Supervisory Working Alliance including specific knowledge of task, bond and goal
- apply effective strategies for facilitating and developing clear clinical supervision agreements
- apply the Proctor, 7-eyed Process and Alliance models of clinical supervision
- develop skills in using reflective practice in clinical supervision
- distinguish between summative and formative clinical supervision evaluation
- give accurate effective feedback and remain open to receiving supervisee feedback.

### Target audience:

Any clinician who is providing clinical supervision to mental health clinicians, graduates or students.

### Cost:

Free

### Program requirements:

- registration from 8.00am
- training 8.30am - 5.00pm over 2 days
- completion of pre and post evaluation packages

### Enrolment:

Please use the enrolment form on the back of this flyer and send to [qcmhltraining@health.qld.gov.au](mailto:qcmhltraining@health.qld.gov.au) or fax to 3271 8851.

### 2014 Course dates and locations:

- 26-27 August - Mountain Creek
- 10-11 September - Cairns
- 17-18 September - Metro North

### For more information:

Visit the Queensland Centre for Mental Health Learning website: <http://www.health.qld.gov.au/qcmhl/default.asp>

### CPD points:

This workshop provides 15 hours of active learning.

*This workshop is delivered in partnership with the Queensland Centre for Mental Health Learning and Health Workforce Australia. This project was made possible by funding from Health Workforce Australia, through the Department of Health Queensland*



An Australian Government Initiative



# Training Enrolment Form

**Please register ASAP – places for training are limited**

## Contact details

**First name:** ..... **Last name:** .....

**Residential address:** .....

(not a PO Box)

**Postcode:** .....

**Postal address:** .....

(if different from above)

**Postcode:** .....

**Phone: (H)** ..... **(W)** ..... **(Mob)** .....

\*A reminder SMS will be sent to the mobile number provided 1-2 days preceding the training date

**Email:** .....

\*Important: You MUST provide an email address to receive your confirmation and documents related to the training.

**Professional discipline:** .....

**Are you employed within a Mental Health Service?**

Yes  No

**Name of workplace/organisation:** .....

**Address of workplace:** .....

**Type of organisation (tick appropriate):**

- |  |   |
|--|---|
| <input type="checkbox"/> Private Hospital        | <input type="checkbox"/> Public Hospital    |
| <input type="checkbox"/> Non-Government facility | <input type="checkbox"/> Aged Care Facility |
| <input type="checkbox"/> Mental Health           | <input type="checkbox"/> Community Health   |
| <input type="checkbox"/> Primary Health          | <input type="checkbox"/> Other              |

**Primary location of work (tick appropriate):**

Rural  Remote  City/town

**Line Manager Name:** .....

**Line Manager Email:** .....

**Course Details:** *Please write the date of the workshop you would like to attend beside course name.*

<input type="checkbox"/> *Introduction to Supervision	QC8	<input type="checkbox"/> **Supervisor - Level 1	QC4
<input type="checkbox"/> **Supervising Supervisors - Level 1	QC12		

Do you have any special needs which may impact on how this training should be delivered to you?  Yes  No  
(e.g. wheelchair access)

If yes please provide details:

**TO SUBMIT YOUR COMPLETED ENROLMENT FORM**

**Email to:** [gcmhltraining@health.qld.gov.au](mailto:gcmhltraining@health.qld.gov.au)

**Fax:** 3271 8851

**Enquiries:** 3271 8845