

Service Level Agreement (SLA) Clinical Supervision

Between:

Jason Saw – Independent Clinical Supervisor & Reflective Coach

Telephone: 07521 073000

Email: info@jasonsawsupervision.com

Website: www.jasonsawsupervision.com

AND

[Employer Name] _____

Effective Date: _____ / _____ / _____

1. Purpose

This Service Level Agreement (SLA) sets out the terms under which Jason Saw will provide independent clinical supervision to employees of [Employer Name]. It establishes clarity regarding roles, responsibilities, confidentiality, session arrangements, and fees.

2. Scope of Service

Provision of confidential, person-centred, trauma-informed clinical supervision. The focus is on professional reflection, resilience, wellbeing, and safe and effective practice. Supervision is not therapy, although personal issues may be explored where relevant to wellbeing and professional functioning.

Sessions may be delivered online or in person, as agreed.

3. Session Arrangements

Frequency and duration will be agreed between all parties. Sessions may be delivered online or in person. A minimum of 48 hours' notice is required for cancellations. Sessions cancelled with less than 48 hours' notice may be charged at the full rate.

4. Confidentiality & Safeguarding

All sessions are confidential. No personal details or session content will be shared with the employer without the supervisee's consent, except where there is a safeguarding concern, risk of harm or legal obligation to disclose information. In such cases, any action will be discussed openly and transparently with the supervisee wherever possible.

5. Reporting to Employer

Reporting to the employer is limited to confirmation of attendance and non-personal, non-identifiable themes. Session content will not be shared without explicit consent, except in safeguarding circumstances.

6. Fees & Payment

Agreed Session Fee (per session): £ _____ Payment Method:

Invoice Agreement: _____ .

