

SUPER VISION FOR SUPERVISORS

Approaches to Supervision



FOR TEAM LEADERS, LECTURERS, MANAGERS & SUPERVISORS OF COUNSELLORS,
PSYCHOTHERAPISTS & CASE MANAGERS

NEW INTAKE COMMENCES

24 May 2019

**Melbournestyle
Gallery
South Melbourne
Victoria**

*Apologies, this venue is on
the first floor with access
by stairs only

Jo Ablett and Cheryl Taylor's transformational supervision workshops are grounded in neuroscience and underpinned by person-centred principles and compassion.

Transformational supervision prizes the relationship and the individual's innate healing capacity and growth potential.

The inclusion of expressive/creative modalities and somatic focus in transformational supervision facilitates learning and provides a means for exploring unconscious elements in the supervisory/therapeutic relationship.

Approaches to Supervision

Exploring a number of supervision models, this workshop enables supervisors to broaden their repertoire of skills whilst identifying and embracing their own personal style.

Workshop Topics Include:

- Models and Styles of Supervision
- Identifying your own style
- Matching your approach to the needs and developmental level of supervisees
- Group Supervision: approaches and challenges



Approaches to Supervision

Complete online and email back to
ablett@waterfront.net.au
or cheryl@kunaurracounselling.com
or post to PO BOX 506 COWES VIC 3922

ONE DAY WORKSHOP

 **24 May 2019**

VENUE

 **Melbournestyle Gallery**
155 Clarendon Street
South Melbourne Victoria 3205

TIME

 **9am to 4pm [6 hours]**

COST

 **\$250 per workshop**
includes notes & morning tea

CANCELLATION POLICY

Notice of 72 hours or more Full refund

Notice of at least 48 hours \$10 administration fee

Notice of 24 hours or less or non-completion 50% refund

PLEASE REGISTER ME

Name

Background/Qualification

Address

State

Post Code

Phone

Email

Dietary Requirements [eg. Wheat free, vegetarian]

PAYMENT OPTIONS

Deposit of **\$50** required at time of Registration

Direct Deposit

BSB: **063 553** Account #: **10287476** Account Name: **Super Vision for Supervisors**

Please quote YOUR NAME in narration

I require a Tax Invoice to pay my Registration

My Employer requires a Tax Invoice to pay my Registration [please complete details below]

Employer Name

Address

State

Post Code

Email



Super Vision for Supervisors

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