

SUPER VISION FOR SUPERVISORS

The Supervisory Relationship



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

NEW INTAKE COMMENCES

5 September 2019

**Labyrinth Lane
Gardenvale Victoria**

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.

The Supervisory Relationship

A healthy supervisory relationship is central to the effectiveness of supervision. In this workshop we explore the neuroscience of relationships and consider the importance of safety and the impact of attachment styles. We also consider the nature of the relationship and how supervision, whilst not therapy, can be therapeutic.

Workshop Topics Include:

- Attachment
- Safety
- The neuroscience of relationships
- Therapeutic but not therapy



The Supervisory Relationship

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

 **5 September 2019**

VENUE

 **Labyrinth Lane**
110 Gardenvale Road
Gardenvale Victoria 3185

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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