



**The Australian Association of Family Therapy Inc.**

PO BOX 2351. RICHMOND VIC 3121. AUSTRALIA . Tel 0499 078 211

[www.aaft.asn.au](http://www.aaft.asn.au) [admin@aaft.asn.au](mailto:admin@aaft.asn.au) ABN 44 698 290 795

**AUSTRALIAN ASSOCIATION OF FAMILY THERAPY INC  
SUPERVISION AGREEMENT**

This is to register with AAFT Inc, that .....(*Full name*),  
a Clinical Family Therapist member of AAFT Inc. for ..... years, has agreed to act as Principal Super-  
visor for me ..... (*Full name*),  
for the purposes of supervision as required for Clinical Family Therapist membership of AAFT.

As a Principal Supervisor I agree to remain as a paid up Clinical Family Therapist member of AAFT  
throughout the course of my supervision with .....  
signed .....

As a Principal Supervisor I agree to inform ..... (*supervisee*) Of any changes to my  
Clinical Family Therapist Membership status i.e. lapsed membership throughout the course of my super-  
vision with.....signed:.....

We have both read the information made available, and agree to fulfil the requirements as stated.

Supervision has begun on .....

Signed .....

(Supervisor)

Contact details: .....

Signed .....

(Supervisee)

Contact details: .....

..... DATE:.....