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**Trailblazer Schools for Mental Health Support**

**Application for Reflective Supervision**

**Please return completed form to** [**ohu@gloucestershire.gov.uk**](mailto:ohu@gloucestershire.gov.uk)

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| --- | --- |
| **Trailblazer School Name** |  |

Please can I nominate the following staff members to receive Reflective Supervision from the project (four sessions per supervisee by end of school year 2022/23).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Role within school** | **Contact Details**  **Please provide personal mobile number if possible** |
| 1 |  |  |  |
| 2 |  |  |  |

1. Have you had Reflective Supervision before? YES/NO

If yes, please confirm the name of the OH practitioner you worked with: ­­

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If yes, please confirm the name of the OH practitioner you worked with: ­­

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send to [ohu@gloucestershire.gov.uk](mailto:ohu@gloucestershire.gov.uk)