****

* +

**Trailblazer Schools for Mental Health Support**

**Application for Reflective Supervision**

**Please return completed form to** **ohu@gloucestershire.gov.uk**

|  |  |
| --- | --- |
| **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: ­­

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

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

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

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

Send to ohu@gloucestershire.gov.uk