



**THE FELLOWSHIP OF PROFESSIONAL WILLWRITERS AND PROBATE PRACTITIONERS**

**Supervision Confirmation**

I, .....  
(Please Print Your Name)

**agree to be responsible for the supervision of the professional work of**

.....  
.....  
.....

.....  
(Please Print Name/s of Supervisee/s) (Continue overleaf if necessary)

**and I confirm that I will ensure, so far as it practicable, that the work of the supervisee/s named on this form, is of an acceptable professional standard and abides by the Fellowship's Code of Conduct and Willwriters and Probate Practitioners Rules.**

**Name and Address of Supervising Company:**

**Name**.....

**Address**.....  
.....

**Postcode**..... **Tel**..... **Email**.....

**Date**.....

**Signed by Supervisor** .....

**Position within the Company**.....