



Attend for supervision – psychologists only
Practitioner acknowledgement

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Practitioner's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- Ahpra may contact the approved supervisor(s) for the purposes of obtaining reports. These reports may be obtained on any or all of the following occasions:
 - a. on the timeframe outlined in the conditions on my registration requiring that I attend for supervision
 - b. when I seek to have the condition reviewed or removed after the expiration of the minimum period of supervision
 - c. whenever the supervisor has a concern or becomes aware of a concern regarding my conduct or professional performance, and
 - d. when otherwise requested by Ahpra.
- These reports will include details of the format, date, time and length of each supervision session that has occurred since the previous report and are to outline whether I have, in the supervisor's opinion, satisfactorily participated in and understood the focus of the supervision.
- These reports must confirm that I have not included the supervision or the preparation of the reports in compliance with the conditions on my registration to satisfy my continuing professional development requirements.
- These reports must contain my own reflections on supervision and the progress towards achievement of supervision goals, unless my supervisor is providing a report for the purpose of raising a concern about me.
- I am aware, that the Board will not remove the supervision condition from my registration until after the conclusion of the minimum period of supervision and I make written application to the Board. Further, the Board will only remove the supervision condition if it is satisfied from the reports that I have appropriately reflected on and addressed the issues that gave rise to the condition and how I have incorporated the lessons learnt in the supervision into my practice.

Signature	Date
<input type="text"/>	<input type="text"/>

When completed, return this form to:

Case officer

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

Email

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001
Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001
Hobart TAS 7001	Darwin NT 0801	



Attend for supervision – psychologists only
Nomination of supervisor

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Nominee's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice <input type="text"/>	
Postal address <input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Practitioner's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- The nominated supervisor is a registered psychologist who holds unrestricted registration.
- The nominated supervisor is not in a close collegiate, family, social or financial relationship with me.
- I have provided a copy of the nominated supervisor's curriculum vitae to demonstrate they are senior to me by either years of experience or position and/or have additional training, experience and/or qualifications in order to provide the supervision required.
- I have provided the nominated supervisor with a copy of the conditions on my registration and they have agreed to undertake the role of supervisor should they be approved by the Board as my supervisor, a role which includes developing an appropriate supervision plan, providing supervision in accordance with the plan approved by the Board and providing reports as requested.

Signature	Date
<input type="text"/>	<input type="text"/>

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Case officer

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

Email

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Attend for supervision – psychologists only

Nomination of supervisor with endorsement

Practitioner's details

Name Monitoring & compliance number

Nominee's details

Name (Last, First) Registration number

Place of practice

Postal address

Contact number Email

Practitioner's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- The nominated supervisor is a registered psychologist who holds unrestricted registration and an endorsement of the type required by the conditions on my registration.
- The nominated supervisor is not in a close collegiate, family, social or financial relationship with me.
- I have provided a copy of the nominated supervisor's curriculum vitae to demonstrate they are senior to me by either years of experience or position and/or have additional training, experience and/or qualifications in order to provide the supervision required.
- I have provided the nominated supervisor with a copy of the conditions on my registration and they have agreed to undertake the role of supervisor should they be approved by the Board as my supervisor, a role which includes developing an appropriate supervision plan, providing supervision in accordance with the plan approved by the Board and providing reports as requested.

Signature

Date

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Ahpra

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Hobart TAS 7001

Darwin NT 0801



Attend for supervision – psychologists only
Nominee acknowledgement

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Nominee's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice	
<input type="text"/>	
Postal address	
<input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Nominee's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- I am a registered psychologist who holds unrestricted registration with the Board.
- I have provided the Practitioner a copy of my curriculum vitae that demonstrates I am senior to the Practitioner by either years of experience or position and/or I have additional training, experience and/or qualifications in order to provide the supervision required should I be approved as supervisor.
- I am not in a close collegiate, family, social or financial relationship with the Practitioner.
- I have received a copy of the conditions on the Practitioner's registration as well as the contact details of the Ahpra case officer.
- I am aware that the role of approved supervisor includes developing an appropriate supervision plan, providing supervision in accordance with the plan approved by the Board and providing reports to Ahpra as requested.
- I agree to my nomination as supervisor, and I am willing to undertake this role should I be approved as supervisor.

Signature <input type="text"/>	Date <input type="text"/>
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Case officer <input type="text"/>	Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (<i>refer below</i>)
Email <input type="text"/>	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801



Attend for supervision – psychologists only

Nominee with endorsement acknowledgement

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Nominee's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Place of practice	
<input type="text"/>	
Postal address	
<input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Nominee's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- I am a registered psychologist who holds unrestricted registration with the Board and an endorsement of the type required in the condition on the Practitioner's registration.
- I have provided the Practitioner a copy of my curriculum vitae that demonstrates I am senior to the Practitioner by either years of experience or position and/or I have additional training, experience and/or qualifications in order to provide the supervision required should I be approved as supervisor.
- I am not in a close collegiate, family, social or financial relationship with the Practitioner.
- I have received a copy of the conditions on the Practitioner's registration as well as the contact details of the Ahpra case officer.
- I am aware that the role of approved supervisor includes developing an appropriate supervision plan, providing supervision in accordance with the plan approved by the Board and providing reports to Ahpra as requested.
- I agree to my nomination as supervisor, and I am willing to undertake this role should I be approved as supervisor.

Signature <input type="text"/>	Date <input type="text"/>
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Attend for supervision – psychologists only

Provision of supervision plan and acknowledgement from approved supervisor

Practitioner's details

Name	Monitoring & compliance number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Nominee's details

Name (Last, First)	Registration number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Place of practice

Postal address

Contact number	Email
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Nominee's declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- I have been approved by the Board as the supervisor of the Practitioner.
- Supervision with the Practitioner commenced on/is to commence on – Date:
- I have seen and participated in the development of the attached supervision plan.
- I am aware that I am authorised by the Practitioner to provide reports to the Board on any or all of the following occasions:
 - a. according to the timeframe outlined in the conditions on the Practitioner's registration requiring they attend for supervision
 - b. at the conclusion of the minimum period of supervision provided for in order to confirm the outcomes of supervision
 - c. whenever I have a concern or become aware of a concern regarding the Practitioner's conduct or professional performance, and
 - d. when requested by Ahpra.
- I am aware that these reports may be provided to the Board and are to include details of the format, date, time and length of each supervision session that has occurred since the previous report and are to outline whether the Practitioner has, in my opinion, satisfactorily participated in and understood the focus of the supervision.

- I am aware that the reports are to include reflections of the Practitioner on the issues that gave rise to the supervision and how they have incorporated learnings from supervision into their practice, unless the report is provided because I have concerns about the Practitioner's conduct or performance.

Signature <input type="text"/>	Date <input type="text"/>
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When completed, return this form to:

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