Attend for supervision
Practitioner acknowledgement

Practitioner’s Details

<table>
<thead>
<tr>
<th>Monitoring &amp; Compliance number</th>
<th>Name (Last, First)</th>
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Practitioner’s Declaration

By signing this form I acknowledge and confirm:

1. AHPRA may contact the approved supervisor(s) for the purposes of obtaining reports.

2. These reports may be provided to the Board and 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 and the 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.

3. 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.

4. I am aware these reports from the supervisor may be obtained at any or all of the following occasions:
   a. on the timeframe outlined in the conditions on my registration requiring 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 requested by AHPRA or the Board.

5. I am aware, that the Board will not remove the supervision condition on 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 __________________________

Return form to

Case officer __________________________ Email __________________________ Post __________________________
By signing this form I acknowledge and confirm:

1. The nominated supervisor is a registered psychologist who holds unrestricted registration.

2. The nominated supervisor is not in a close collegiate, family, social or financial relationship with me.

3. I have attached the contact details of the nominated supervisor and a copy of the nominated supervisor’s curriculum vitae, demonstrating they are senior to me by years of experience or position and they have additional training, experience and/or qualifications in order to provide the supervision required.

4. 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 to the Board/AHPRA as requested.
Attend for supervision
Nomination of supervisor with endorsement

Practitioner’s Details
Monitoring & Compliance number [ ]
Name (Last, First) [ ]

Practitioner’s Declaration
By signing this form I acknowledge and confirm:

1. The nominated supervisor is a registered psychologist who holds unrestricted registration and an endorsement of the type required by the conditions on my registration.

2. The nominated supervisor is not in a close collegiate, family, social or financial relationship with me.

3. I have attached the contact details of the nominated supervisor and a copy of the nominated supervisor’s curriculum vitae, demonstrating they are senior to me by years of experience or position and they have additional training, experience and/or qualifications in order to provide the supervision required.

4. 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 to the Board/AHPRA as requested.

Signature [ ] Date [ ]

Nominee Details
Name (Last, First) [ ] Registration number [ ]
Place of Practice [ ]
Postal address [ ]
Email [ ]
Contact numbers [ ]

Return form to
Case officer [ ] Email [ ] Post [ ]
# Australian Health Practitioner Regulation Agency

## Attend for supervision

### Supervisor’s acknowledgement

**Practitioner’s Details**

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**Nominee Details**

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<td>Place of Practice</td>
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<td>Email</td>
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<td>Contact numbers</td>
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**Nominee Declaration**

By signing this form I acknowledge and confirm:

1. I am a registered psychologist who holds unrestricted registration with the Board.
2. I have provided the Practitioner with a copy of my curriculum vitae that demonstrates I have additional training, experience, and/or qualifications in order to provide the supervision required should I be approved as supervisor.
3. I am not in a close collegiate, family, social or financial relationship with the Practitioner.
4. I have received a copy of the conditions on the Practitioner’s registration as well as the contact details of the AHPRA case officer.
5. 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 the Board/AHPRA as requested.
6. I agree to my nomination as supervisor and I am willing to undertake this role should I be approved as supervisor.

**Signature**

**Date**

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Return form to

<table>
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<tr>
<th>Case officer</th>
<th>Email</th>
<th>Post</th>
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By signing this form I acknowledge and confirm:

1. 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.

2. I have provided the Practitioner with a copy of my curriculum vitae that demonstrates I have additional training, experience, and/or qualifications in order to provide the supervision required should I be approved as supervisor.

3. I am not in a close collegiate, family, social or financial relationship with the Practitioner.

4. I have received a copy of the conditions on the Practitioner’s registration as well as the contact details of the AHPRA case officer.

5. 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 the Board/AHPRA as requested.

6. I agree to my nomination as supervisor and I am willing to undertake this role should I be approved as supervisor.

Signature

Date
Attend for supervision
Provision of supervision plan & acknowledgment from approved supervisor

Australian Health Practitioner Regulation Agency

Practitioner’s Details
Monitoring & Compliance number
Name (Last, First)

Nominee Details
Name (Last, First)
Registration number
Place of Practice
Postal address
Email
Contact numbers

Nominee Declaration

By signing this form I acknowledge and confirm:

1. I am aware I have been approved by the Board as the supervisor of the Practitioner.

2. Supervision with the Practitioner commenced on/is to commence on [insert date].

3. I have seen and participated in the development of the attached supervision plan.

4. 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.

5. 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.

6. 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
Date

Return form to
Case officer
Email
Post