

## Supervised practice plan

The supervisee must wait until the supervised practice plan is approved, including the approval of a supervisor(s) by the National Board, before starting or restarting practice.

### When is a plan required?

This form is for supervisees who need to give the National Board a proposed supervised practice arrangement as set out in the *Supervised practice framework* (framework) and supporting documents. The framework is on the relevant National Board website:

<https://www.ahpra.gov.au/National-Boards.aspx>

A plan may be required when:

- applying for provisional, limited, general or specialist registration
- at renewal of registration
- returning to practice after an absence
- changing to a different field or scope of practice (where applicable)
- needing to meet the eligibility requirements for an application for registration or endorsement, or
- an inability to meet any other requirements of a registration standard for the profession.

A new plan may also be required when there is a change in supervisor, practice or employment location.

### Who completes the plan?

The supervisor completes the plan in consultation with the supervisee.

### Approval of the plan

The supervisee submits the completed plan to the Board via Ahpra for consideration and approval. If changes are needed to the plan, feedback will be provided to the supervisee and supervisor.

### Definitions

Information about the meaning of words used in this form such as supervisee, supervisor are in the definitions section of the framework.

### Content of the plan

For help in completing the plan read:

- The framework and supporting documents which explains the principles that support supervised practice, the risk factors that inform the level of supervised practice, the expectations of supervisees, supervisors and employers, and the compliance process.
- *Appendix 1: Links to relevant National Board material* for profession specific documents such as registration standards
- *Appendix 2: Information for supervisees*
- *Appendix 3: Information for supervisors*
- *Appendix 4: Supervised practice levels*
- [Notes](#) at the end of the form to help in completing the plan
- Other profession specific requirements such as orientation to the Australian health system and cultural safety currently required by some Boards.

The framework and appendices are on the relevant National Board website:

<https://www.ahpra.gov.au/National-Boards.aspx>.

### Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at

[www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy)

### Symbols in this form



#### Extra information

Provides specific information about a question or section of the form.



#### Attention

Highlights important information about the form.



#### Attach document(s) to this form

Processing cannot occur until all required documents are received.



#### Signature required

Requests appropriate parties to sign the form where indicated.

### Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- This PDF form can be filled in onscreen. Alternatively, you can print it and fill in manually. If choosing the latter, please use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **X**
- **DO NOT send original documents unless specified.**



**Valid signature** is defined by either an official electronic signature or printing this form, signing and scanning for submission. Names that are typed in this field will not be accepted as a valid signature.



To check or remove documents you have digitally attached, select the arrow on the left pane of the PDF then click on the paper clip icon.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.



**This form will not be considered unless it is complete and all supporting documentation has been provided.**



## SECTION A: Supervisee details

### 1. What are the personal details of the supervisee?

<b>Family name</b>			
<input type="text"/>			
<b>First given name</b>			
<input type="text"/>			
<b>Health profession</b>			
<input type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice	<input type="checkbox"/> Dental	<input type="checkbox"/> Nursing	<input type="checkbox"/> Paramedicine
<input type="checkbox"/> Chinese Medicine	<input type="checkbox"/> Medical	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Medical Radiation Practice	<input type="checkbox"/> Optometry	<input type="checkbox"/> Podiatry
	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Osteopathy	
<b>Registration number</b> (e.g. DEN000123456 - if applicable)		<b>Division / endorsement / specialty</b> (if applicable)	
<input type="text"/>		<input type="text"/>	
<b>Monitoring and compliance number (if applicable)</b>			
<input type="text"/>			

## SECTION B: Supervisor's details

The Board may approve more than one supervisor. This allows for flexibility if a supervisor is not available and for supervised practice to be relevant and suitable for the profession.

The number of supervisees a supervisor can supervise will depend on the purpose and level of supervised practice required for each supervisee. It is important the supervisor has adequate time to carry out the role of supervisor.

It is also important that employers support the supervised practice arrangement.



If more than one alternate supervisor is nominated, attach a separate sheet with the same details of the supervisor as set out below. *Appendix 3: Information for supervisors* explains more information about primary and alternate supervisors.



### 2. What are the personal details of the primary supervisor?

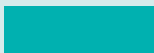
<b>Family name</b>			
<input type="text"/>			
<b>First given name</b>			
<input type="text"/>			
<b>Health profession</b>			
<input type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice	<input type="checkbox"/> Medical	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Chinese Medicine	<input type="checkbox"/> Medical Radiation Practice	<input type="checkbox"/> Optometry	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dental	<input type="checkbox"/> Nursing	<input type="checkbox"/> Paramedicine	<input type="checkbox"/> Psychology
<b>Registration number</b> (e.g. DEN000123456)		<b>Division / endorsement / specialty</b> (if applicable)	
<input type="text"/>		<input type="text"/>	



### 3. What is the primary supervisor's experience?



Attach to the plan a **signed and dated** curriculum vitae that describes the supervisor's full practice history, clinical or skills training, and any experience or training as a supervisor, for example how many supervisees they have supervised before. It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv)



### 4. What are the personal details of alternate supervisor 1?

Read *Appendix 3: Information for supervisors* which explains information about primary and alternate supervisors

Family name

First given name

Health profession

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice | <input type="checkbox"/> Medical                    | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Pharmacy      |
| <input type="checkbox"/> Chinese Medicine                                      | <input type="checkbox"/> Medical Radiation Practice | <input type="checkbox"/> Optometry            | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Chiropractic  | <input type="checkbox"/> Midwifery                  | <input type="checkbox"/> Osteopathy           | <input type="checkbox"/> Podiatry      |
| <input type="checkbox"/> Dental  | <input type="checkbox"/> Nursing                    | <input type="checkbox"/> Paramedicine         | <input type="checkbox"/> Psychology    |

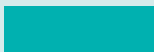
Registration number (e.g. DEN000123456)

Division / endorsement / specialty (if applicable)

### 5. What is the experience of alternate supervisor 1?



Attach to the plan a **signed and dated** curriculum vitae that describes the supervisor's full practice history, clinical or skills training, and any experience or training as a supervisor, for example how many supervisees they have previously supervised. It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at [www.ahpra.gov.au/cv](http://www.ahpra.gov.au/cv)



## SECTION C: Conflict of interest disclosure

Read *Appendix 2: Information for supervisees* and *Appendix 3: Information for supervisors* which explains information about conflicts of interest.

### 6. Does the supervisee have any actual or potential conflicts of interest with the proposed supervisor(s) to disclose?

YES

NO

Provide details of any actual or potential conflicts of interest with the supervisor(s)



Attach a separate sheet if the conflict of interest details do not fit in the space provided.





7. Does the primary supervisor have any actual or potential conflicts of interest with the supervisee to disclose?

YES

NO

Provide details of any actual or potential conflicts of interest with the supervisee

Form area for question 7 with horizontal dashed lines for text entry.

8. Does alternate supervisor 1 have any actual or potential conflicts of interest with the supervisee to disclose?

YES

NO

Provide details of any actual or potential conflicts of interest with the supervisee

Form area for question 8 with horizontal dashed lines for text entry.

9. Is there more than one proposed alternate supervisor?

YES

NO



Attach to the plan a separate sheet that provides details of any actual or potential conflicts of interest with the supervisee.





## SECTION D: Details of the supervised practice arrangement

### 10. What are the supervisee's proposed role and employment details?

**Supervisee's proposed title/role**

**Describe the supervisee's proposed role**



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**Details of proposed employer of supervisee**

Organisation



Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)



City/Suburb/Town

State/Territory (e.g. VIC, ACT) Postcode

Business phone Email

Attach a separate sheet if the employer details do not fit OR if your supervised practice is to occur with more than one employer.

Attach a signed letter of offer and official position description for the proposed role(s) if not already provided with an application form.

### 11. What are the proposed workplace/locations for supervised practice?

**Workplaces/location(s) where supervised practice is proposed**

If supervised practice is to occur at more than one workplace/location list all workplaces/locations e.g. name of hospital, health service, unit, clinic, theatre, patient location

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)



City/Suburb/Town

State/Territory (e.g. VIC, ACT) Postcode

Business phone Email



Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT)

Postcode

Business phone

Email



Attach a separate sheet if the extra site details do not fit in the space provided.

### 12. What are the details of the proposed supervised practice arrangement?

Read the notes at the end of the form for help in completing the question.

#### Proposed date of supervised practice

To activate auto-calendar please click cursor within the date fields.

Start date

End date (if applicable)

#### Proposed starting level of supervised practice

Read [Note A](#)

Direct

Indirect 1

Indirect 2

Remote

#### Reporting frequency at the proposed starting level of supervised practice

Read [Note A](#)

#### Consultation frequency between supervisee and supervisor (if applicable) at the proposed starting level of supervised practice

Read [Note B](#)

#### Hours of supervised practice or number of patient contacts (if applicable) at the proposed starting level of supervised practice

Read [Note C](#)



**13. Describe how supervised practice is to be provided at the proposed starting level of supervised practice.**

Read the notes at the end of the form for help in completing the question. Read [Note D](#)

**Mark all applicable options**

- Direct supervision of clinical care provided
- Direct supervision of assessments
- Discussion of treatment plan after assessment
- Observation of initial consultation and treatment
- Review of patient records and treatment plans
- Professional education sessions
- Literature presentation and analysis
- Specific tasks set
- Group supervised practice/teaching/learning sessions
- Case presentation

Case reviews  
 Details of frequency e.g. daily, weekly, fortnightly

Teleconferences  
 Details of frequency e.g. daily, weekly, fortnightly

Meetings  
 Details of frequency e.g. daily, weekly, fortnightly

Other  
 Details of other ways supervised practice is to be provided

**SECTION E: Anticipated progression through supervised practice levels and level requirements**

Progression through supervised practice levels is required for some purposes of supervised practice.

The anticipated period of time at each level of supervised practice and approval for progression between levels of supervision, may vary depending on the purpose of the supervised practice and profession specific requirements.

Ahpra will provide information to supervisees about who will authorise the progression through the supervised practice levels, for example the National Board or the supervisor and when progression can occur.

**14. Is progression through the supervised practice levels required?**

YES  [Go to the next question](#)

NO  [Go to Section F: Issues to be addressed during supervised practice](#)

**15. Complete the details of the anticipated progression through the supervised practice levels (if known) and the details of the supervised practice at each proposed supervised practice level. Read the notes at the end of the form for help in completing the table.**

Supervised practice level	Criteria to progress to the next supervised practice level E.g: demonstrated competence, hours of supervised practice, or patient contacts. Read <a href="#">Note E</a>	Anticipated timeframe at this level before progression to the next level Read <a href="#">Note F</a>	Reporting frequency Read <a href="#">Note A</a>	Consultation frequency Read <a href="#">Note B</a>	How supervised practice is to be provided Read <a href="#">Note D</a>
Indirect 1					
Indirect 2					
Remote					



Attach a separate sheet if the issues to be addressed do not fit in the space provided.





## SECTION F: Issues to be addressed during supervised practice

### 16. What issues will be addressed during supervised practice?

Issues to be addressed are related to the supervised practice requirements e.g. communication, record keeping. These issues should also be considered if completing section G if required. These issues will be reported on in question 24 of the supervised practice report.

Issue	Measures to address issue	Review date



Attach a separate sheet if the issues to be addressed do not fit in the space provided.



### 17. Has the National Board advised you that more profession specific information is required?

For example, to determine if the supervisee meets the relevant profession specific registration standards, capabilities, competencies, thresholds or standards for practice. This will depend on the purpose of the supervised practice.

YES  [Go to Section G: Supervised practice goals and activities](#)

NO  [Go to Section H: Extra requirements/documents](#)

## SECTION G: Supervised practice goals and activities

The supervised practice goals and activities should reflect the issues to be addressed in supervised practice set out in Section F and be consistent with the Board's entry level standards, capabilities, competencies, thresholds, or standards for practice in Appendix 1 of the framework or other tools. These should also be consistent with the code of conduct and code of ethics (where relevant).

### 18. Complete the relevant sections using the Board's entry level standards, capabilities, competencies, thresholds or standards for practice in Appendix 1 of the framework. This information will be reported on in the supervised practice report at question 19.



Attach to the plan a separate sheet available on the relevant Board's website that sets out the Board's entry level standards, capabilities, competencies, thresholds, standards for practice, or other tools and complete the supervised practice goals and planned activities to meet the supervised practice goals sections of the sheet.







## SECTION H: Extra requirements/documents

### 19. Is the supervisee required to complete additional requirements or documents during supervised practice?

Some National Boards require the supervisee to complete additional requirements such as: orientation to the Australian health system, and cultural safety. These will be detailed on the relevant National Board website.

YES

NO  [Go to declarations](#)

#### Provide details of additional requirements or documents

Text area with horizontal dashed lines for providing details of additional requirements or documents.



Attach any relevant reports of evidence of completing the additional requirements.



## SECTION I: Supervisee's declaration

By signing this declaration, I acknowledge and confirm I:

- will not start practice, or restart practice, until the National Board has approved the supervisor(s) and the supervised practice plan unless otherwise agreed by the National Board
- will carry out and comply with the expectations and responsibilities of supervised practice set out in the framework, supporting documents, supervised practice plan and attachments.

Name of supervisee	Signature of supervisee
<input type="text"/>	 SIGN HERE
Date	
<input type="text"/> / <input type="text"/> / <input type="text"/>	

## SECTION J: Primary supervisor's declaration

By signing this declaration, I acknowledge and confirm I:

- have completed this plan in consultation with the supervisee and in my professional opinion consider the contents in the supervised practice plan and attachments to be appropriate to the supervisee's identified needs
- have adequate time to carry out the role of primary supervisor
- will carry out the role of primary supervisor for the supervisee listed on this form to the requirements set out in the framework and supporting documents, and
- have attached to this form a signed and dated CV that confirms I have suitable training, experience and/or qualifications in order to provide the supervised practice required.


Name of primary supervisor	Signature of primary supervisor
<input type="text"/>	 SIGN HERE
Date	
<input type="text"/> / <input type="text"/> / <input type="text"/>	




## SECTION K: Alternate supervisor(s) declaration

By signing this declaration, I acknowledge and confirm I:

- have adequate time to carry out the role of alternate supervisor
- will carry out the role of alternate supervisor for the supervisee listed on this form to the requirements contained in the framework and supporting documents, and
- have attached to this form a signed and dated CV that confirms I have suitable training, experience and/or qualifications in order to provide the supervised practice required.

Name of alternate supervisor 1	Signature of alternate supervisor 1
<input type="text"/>	 SIGN HERE
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

Name of alternate supervisor 2	Signature of alternate supervisor 2
<input type="text"/>	 SIGN HERE
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

 If more than two alternate supervisors are nominated, attached a separate sheet with a signed and dated declaration as set out above



## SECTION L: Checklist

Have the following items been attached or arranged, if required?

<i>Extra documentation</i>		Attached
<b>Section B</b>	If there is more than one alternate supervisor, a separate sheet with details of the other alternate supervisor(s) and the curriculum vitae for each alternate supervisor	<input type="checkbox"/>
<b>Question 3</b>	The primary supervisor's curriculum vitae	<input type="checkbox"/>
<b>Question 5</b>	The alternate supervisor's curriculum vitae	<input type="checkbox"/>
<b>Question 6</b>	A separate sheet with the details about any actual or potential conflicts of interest with the supervisee and each extra supervisor nominated	<input type="checkbox"/>
<b>Question 9</b>	A separate sheet with the details about any actual or potential conflicts of interest with the supervisee and each extra supervisor nominated	<input type="checkbox"/>
<b>Question 10</b>	A separate sheet with the details of extra employers (if applicable)	<input type="checkbox"/>
<b>Question 10</b>	The signed letter of offer and official position description for the supervisee's proposed role(s) if not already provided with an application form.	<input type="checkbox"/>
<b>Question 11</b>	A separate sheet with the details of extra workplaces/locations (if applicable)	<input type="checkbox"/>
<b>Question 15</b>	A separate sheet with the details of the anticipated progression through the supervised practice levels	<input type="checkbox"/>
<b>Question 16</b>	A separate sheet if the issues to be addressed do not fit in the space provided.	<input type="checkbox"/>
<b>Question 18</b>	The completed template of the supervised practice goals and activities (if applicable)	<input type="checkbox"/>
<b>Question 19</b>	Reports of evidence of completing additional requirements	<input type="checkbox"/>
<b>Section K</b>	If there are more than two alternate supervisors, a separate sheet with the signed and dated declaration for each extra alternate supervisor	<input type="checkbox"/>



Please check to make sure your form is fully and accurately completed.

***If missing information is identified your form will not be processed and will be returned to you to fill out properly***

**Please send this form with required attachments to:**



The fastest way to submit this form and any supporting documents is online at [www.ahpra.gov.au/registration/](http://www.ahpra.gov.au/registration/) **online-upload**. If you wish to submit it via mail, please post this form and required attachments to:

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

You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at [www.ahpra.gov.au](http://www.ahpra.gov.au)

Adelaide SA 5001  
 Hobart TAS 7001

Brisbane QLD 4001  
 Melbourne VIC 3001

Canberra ACT 2601  
 Perth WA 6001

Darwin NT 0801  
 Sydney NSW 2001

### What happens next?

Ahpra will review your form and either:

- return the form to you if it is incomplete
- request more information from you, or
- present your form for a decision.

You will be given notice of the decision.



## Notes to help in completing the plan

### NOTE A

Supervised practice arrangements are tailored to consider the supervisee's circumstances, experience and learning needs.

Flexibility in the supervised practice arrangement is important to make sure diverse settings, complexities of different cases, individual capabilities and expectations are accommodated.

Examples of possible uses for the supervised practice levels and likely reporting timeframe are set out below. These are examples only and may not apply to all supervised practice arrangements approved by the Board.

The supervised levels are described in section 5 of the framework and *Appendix 4 - Supervised practice levels*. The framework is available on the relevant National Board website: <https://www.ahpra.gov.au/National-Boards.aspx>

Level	Example of possible uses of supervised practice levels	Examples of possible reporting frequency for supervised practice levels (this may be determined by the Board)
Direct	To determine the level of competence of the supervisee and inform further levels of supervised practice under a plan	<ul style="list-style-type: none"> <li>report monthly</li> <li>report at renewal</li> <li>report before progression to the next level is approved</li> <li>report before completion of supervised practice</li> </ul>
Indirect 1	<ul style="list-style-type: none"> <li>Arising from a Board registration standard</li> <li>To meet eligibility or suitability requirements</li> </ul>	<ul style="list-style-type: none"> <li>report after the initial 3 months of practice at this level</li> <li>report at renewal</li> <li>report before progression to the next level is approved</li> <li>report before completion of supervised practice</li> </ul>
Indirect 2	<ul style="list-style-type: none"> <li>Arising from a Board registration standard</li> <li>To meet eligibility or suitability requirements</li> </ul>	<ul style="list-style-type: none"> <li>report after the initial 3 months of practice at this level</li> <li>report at renewal</li> <li>report before progression to the next level is approved</li> <li>report before completion of supervised practice</li> </ul>
Remote	<ul style="list-style-type: none"> <li>Arising from a Board registration standard</li> <li>To meet eligibility or suitability requirements</li> </ul>	<ul style="list-style-type: none"> <li>report after the initial 3 months of practice at this level</li> <li>report at renewal</li> <li>report before progression to the next level is approved</li> <li>report before completion of supervised practice</li> </ul>

### NOTE B

The frequency of consultation will depend on the level and purpose of supervised practice. For example, how many times you propose to meet with a supervisee when carrying out indirect 1, indirect 2 or remote levels of supervised practice.

### NOTE C

The proposed hours of supervised practice, or number of patient contacts to be completed as part of supervised practice will depend on the level and purpose of supervised practice.

You may be required to provide proof of hours or patient contacts in the form of a de-identified log or roster.

### NOTE D

How supervised practice will be provided may include: direct supervision of all assessments, discussion of treatment plan after assessment, observation of initial consultation and treatment, review of patient records and treatment plans, frequency of case reviews, teleconferences, frequency of meetings, professional education sessions, literature presentation and analysis, specific tasks set, group supervised practice/teaching/learning sessions, case presentation.

### NOTE E

The criteria to progress to the next level of supervised practice should be based on competence. It may not be necessary to progress through each level of supervised practice. Examples of criteria may include:

- Demonstrates competence under direct supervision, therefore suitable to move to indirect 1 supervised practice
- Demonstrates competence under indirect supervision, therefore suitable to move to indirect 2 supervised practice
- Demonstrates competence under indirect 2 supervision, therefore suitable to move to remote supervised practice

Some Boards may also require a minimum number of supervised practice hours or patient contacts as part of the criteria to progress to another level of supervised practice.

### NOTE F

Supervised practice may involve progression through levels. The time required at a supervised practice level before progression to another level will depend on the individual requirements of supervised practice and when the supervisee meets the criteria to progress, explained in Note E. You are required to give an estimate only. An example of an estimate of progression through the supervised practice levels is set out below. This is an example only and does not apply to all supervised practice arrangements approved by the National Board.

- Direct:** Anticipated timeframe at this level before progression to the next level if criteria to progress is met is 1 month
- Indirect 1:** Anticipated timeframe at this level before progression to the next level if criteria to progress is met is 5 months
- Indirect 2:** Anticipated timeframe at this level before progression to the next level if criteria to progress is met is 3 months
- Remote:** Anticipated timeframe at this level before completion of supervised practice if criteria is met is 3 months