



Supervised practice:

Senior person acknowledgement

Completing this form

- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:

Practitioner's details

Monitoring & Compliance number

Name (Last name, first name)

Senior person details

Name (Last name, first name)

Registration number (if registered)

Position title

Place of practice

Postal address

Email

Contact numbers

Senior person declaration

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

- I understand the Practitioner must not practise unless under the supervision of a supervisor who has been approved by the Board.
- I have been provided with a full copy of the conditions on the Practitioner's registration, including any that are not published on the national register due to privacy obligations, and the contact details of the Practitioner's Ahpra case officer.
- I am aware that, for the purposes of monitoring the Practitioner's compliance with the condition on their registration requiring supervised practice, Ahpra may request reports from me.

Signature

Date

 / /

When completed, return this form to:

Case officer

Email

Ahpra

GPO Box 9958

IN YOUR CAPITAL CITY (refer below)

Sydney NSW 2001

Brisbane QLD 4001

Hobart TAS 7001

Canberra ACT 2601

Adelaide SA 5001

Darwin NT 0801

Melbourne VIC 3001

Perth WA 6001