



Supervised practice:

## Supervisor acknowledgement

### Completing this form

• Print clearly in **BLOCK LETTERS**

• Place X in **all** applicable boxes: ☒

### Practitioner's details

Monitoring &amp; Compliance number

Name (Last name, first name)

### Nominee details

Name (Last name, first name)

Registration number

Place of practice

Postal address

Email

Contact numbers

### Nominee declaration

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

- ☒ I understand the Practitioner must not practise under my supervision until I have received notice from Ahpra, in writing, that I have been approved to act as the supervisor.
- ☒ I hold unrestricted registration with the Board.
- ☒ I am not in a close collegiate, family, social or financial relationship with the Practitioner.
- ☒ I have been provided with a full copy of the conditions on the Practitioner's registration, including any conditions not published on the national register due to privacy obligations, and the contact details of the Practitioner's Ahpra case officer.
- ☒ I have provided a copy of my curriculum vitae which demonstrates I have suitable training, experience and/or qualifications in order to provide the supervision required.
- ☒ I know of no actual or perceived conflict of interest that would prevent me from acting as a supervisor if approved to do so.
- ☒ I agree to provide reports to Ahpra or the Board as follows:
- in accordance with the timeframe outlined in the conditions on the Practitioner's registration requiring supervised practice.
  - whenever I have a concern or become aware of a concern regarding the Practitioner's conduct or professional performance, and
  - on request by Ahpra or the Board.
- ☒ These reports are to specifically address the Practitioner's compliance with the conditions on their registration requiring supervised practice and should in particular outline:
- that the supervision occurred at the level required by the conditions on the Practitioner's registration
  - any period of absence or any period of time where I was not otherwise able to provide supervision, and
  - whether I have or am aware of any concerns about the Practitioner's conduct, professional performance and/or fitness to practise.
- ☒ I have accessed, read and understood the information available on the Ahpra website about [Supervised practice](#) including my obligations as a supervisor as they apply to the Practitioner's supervision arrangement.

Signature

Date

 /  /

When completed, return this form to:

Case officer

Email

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

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