



## Complete professional supervision for psychologists: Practitioner acknowledgement

### Completing this form

- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- If available on your computer or device, you may be able to complete and sign this form electronically. Otherwise, print, complete, sign and return a scan or clear photo of the form.

### Collection of personal information and health information

We are committed to protecting your personal information. The ways in which we may collect use and disclose your information are set out in our [Privacy policy](#).

Further information regarding [Ahpra's privacy, Freedom of information and information publication scheme](#) is available on Ahpra's website.

### Practitioner details

Practitioner legal name (first and last)

Compliance or registration number

### Practitioner's declaration

By signing this form, I acknowledge and confirm I have read and understood the *Ahpra Protocol: Professional supervision for psychologists*.

Date

 /  / 

Signature



SIGN HERE

**When completed, return this form to [compliance@ahpra.gov.au](mailto:compliance@ahpra.gov.au)**

You may contact Ahpra on 1300 419 495



## Complete professional supervision for psychologists: Nomination of supervisor

### Completing this form

- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- If available on your computer or device, you may be able to complete and sign this form electronically. Otherwise, print, complete, sign and return a scan or clear photo of the form.

### Collection of personal information and health information

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### Practitioner details

Practitioner legal name (first and last)

Compliance or registration number

### Nomination details

Supervisor name (first and last)

Profession

Registration number

Email

Telephone

### Practitioner's declaration

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

- I do not have any actual or perceived conflict of interest with the nominee.
- I have provided the nominee with a copy of the Protocol and the restrictions on my registration.
- I am aware that Ahpra may provide a copy of the restrictions to the nominee if required.
- I have provided the nominee with the contact details of my Ahpra case officer or team.
- I have provided a copy of the nominated supervisor's curriculum vitae.
- I understand and agree that Ahpra may use, collect and disclose my information in accordance with the [Privacy Policy](#).

Date

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Signature




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## Complete professional supervision for psychologists: Supervisor acknowledgement

### Completing this form

- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- If available on your computer or device, you may be able to complete and sign this form electronically. Otherwise, print, complete, sign and return a scan or clear photo of the form.

### Collection of personal information and health information

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Further information regarding [Ahpra's privacy, Freedom of information and information publication scheme](#) is available on Ahpra's website.

### Practitioner details

Practitioner legal name (first and last)

Compliance or registration number

### Nominee details

Name (first and last)

Profession

Registration number

Email

Telephone

### Nominee declaration

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

- I do not have any actual or perceived conflict of interest in undertaking the role of supervisor.
- I am a registered health practitioner and hold any required endorsements.
- I have received a copy of the restrictions on the practitioner's registration and the *Ahpra Protocol: Professional supervision for psychologists* and I am aware of the reasons for the restrictions imposed.
- I have participated in the development of, and endorse, the supervision plan with the practitioner.
- I have been provided the contact details of the Ahpra case officer or team.
- I understand and agree that Ahpra may use, collect and disclose my information in accordance with the [Privacy Policy](#).

Date

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Signature

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Complete professional supervision for psychologists:

## Provision of supervision plan and acknowledgement from approved supervisor

### Completing this form

- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
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### Collection of personal information and health information

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### Practitioner details

Practitioner legal name (first and last)

Compliance or registration number

### Approved supervisor details

Name (first and last)

Profession

Registration number

Email

Telephone

### Supervision commencement date

Supervision with the practitioner commenced on/is to commence on

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## Supervisor declaration

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

- I have been approved as the supervisor of the practitioner.
- 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 for on any or all of the following occasions:
  - according to the timeframe outlined in the conditions on the practitioner's registration requiring they attend for supervision
  - at the conclusion of the minimum period of supervision provided for in order to confirm the outcomes of supervision
  - whenever I have a concern or become aware of a concern regarding the practitioner's conduct or professional performance, and,
  - when requested by Ahpra.
- I am aware that these reports may be considered when assessing compliance 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.
- I understand and agree that Ahpra may use, collect and disclose my information in accordance with the [Privacy Policy](#).

Date

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Signature

 

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