



Supervised practice: Nomination of supervisor

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)

Nominee details

Name (Last name, first name)

Registration number

Place of practice

Postal address

Email

Contact numbers

Practitioner's declaration

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

- I must not practise until the National Board has approved my supervision arrangements in writing.
- I must only practise in accordance with the approved supervision requirements.
- In the event an approved supervisor is no longer willing or able to provide the supervision required by the condition on my registration requiring supervised practice, I must cease practise immediately and I must not resume practise until a new supervisor has been appointed and approved by the Board.
- The nominated person is not in a close collegiate, family, social, contractual or financial relationship with me.
- The nominated supervisor has suitable training, experience, and/or qualifications in order to provide the supervision required.
- I have provided the nominated supervisor with a full copy of the conditions on my registration, including any conditions not published on the national register due to privacy obligations, and the contact details of my Ahpra case officer.
- For the purposes of monitoring my compliance with the conditions on my registration requiring supervised practice Ahpra may obtain reports from an approved supervisor. These reports may be obtained or provided:
 - a. on the timeframe indicated in the conditions on my registration limiting my practice
 - b. when a senior person holds a concern or becomes aware of a concern about my competence, conduct or fitness to practice the profession, and
 - c. at other times as required by Ahpra or the Board.
- I have accessed, read and understood the information available on the Ahpra website about [Supervised practice](#) including my obligations as a supervisee as they apply to my supervision arrangement.

Practitioner's signature



SIGN HERE

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