Form A: Supervision agreement

A supervision agreement, completed by the supervisor(s) and practitioner under supervision, is to be submitted to the Board with an application where supervision is a requirement for registration.

Section 1 – Details and commitment of supervisor and practitioner under supervision

We agree to be engaged with each other in a supervisor/Chinese medicine practitioner under supervision relationship:

Supervisor 1:

Family name: First name:

Registration number:

Practice name:

Practice address:

Phone work: Mobile:

Email: Preferred method of contact:

Signature: Date:

Supervisor 2 (if applicable):

Family name: First name:

Registration number:

Practice name:

Practice address:

Phone work: Mobile:

Email: Preferred method of contact:

Signature: Date:

Practitioner under supervision:

Family name: First name:

Registration number:

Practice name:

Practice address:

Phone work: Mobile:

Email: Preferred method of contact:

Signature: Date:

The supervision is to commence on:

The supervision is expected to be completed by:

Section 2 – Agreement of supervisor

| Agreement of supervisor |
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| I have read and agree to comply with the responsibilities of supervisors. |
| I understand:   * the significance of supervision as a professional undertaking and commit to this role * my legal and professional responsibilities generally, and in relation to supervision, and will act accordingly (see the responsibilities of supervisors as set out in the Board’s Supervision requirements) * that I must make every effort to ensure that the practitioner under supervision has read and agrees to comply with his/her responsibilities; understands legal responsibilities and constraints within which he/she must operate; and follows the Board’s Code of Conduct * the responsibility for determining the supervised practice plan and supervision reports must be informed by my assessment of the practitioner under supervision and I agree to undertake and document assessments as required * that I must only delegate tasks that are appropriate to the role of the practitioner under supervision and are within the competence of the individual * that re-assessment of competency and review of the supervised practice plan must occur regularly and that supervision reports on progress must be provided as stipulated by the Board * that the competency assessment format, set out in the Supervision practice plan and Supervision report, is a combination of items from the graduates at professional entry-level mapping for Traditional Chinese medicine, contained in the Learning and Teaching Academic Standards Project (June 2011), and the Chinese Medicine Board of Australia *Code of conduct for registered health practitioners*, and provides a consistent and objective approach to assess a practitioner’s level of competence * that I must take responsibility for the interventions carried out by practitioner under supervision working under my supervision to the extent described in the ‘Levels of supervision’ section in the Supervision requirements * that I must provide clear direction to the practitioner under supervision, and   that I must provide honest and responsible reports as required by the Board |
| I have read and understand:   * the Chinese Medicine Board of Australia’s Supervision requirements, and   the Chinese Medicine Board of Australia’s Code of conduct for registered health practitioners. |

For information on the Chinese Medicine Board of Australia refer to the website: [www.chinesemedicineboard.gov.au](http://www.chinesemedicineboard.gov.au)

The Supervision requirements and the Code of Conduct, are available at this website.

| Agreement of supervisor |
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| I confirm that I am/ am not currently supervising more than three practitioners under supervision for the Chinese Medicine Board of Australia.  *(Please provide details of how adequate supervision is to be provided for all supervisees if proposing to supervise more than three)* |
| I have/have not previously provided supervision for Chinese medicine practitioners. Please list names of previous Chinese medicine practitioners you have supervised. |
| I do/do not have a potential conflict of interest, such as a personal or business relationship with the practitioner under supervision. Please detail any potential conflict of interest. |

I have read, understand and agree to be bound by each of the above statements.

**Signature of supervisor 1**: Date:

Name of supervisor 1:

**Signature of supervisor 2**: Date:

Name of supervisor 2:

Name of practitioner under supervision:

Section 3 – Agreement of practitioner under supervision

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| Agreement of practitioner under supervision |
| I have read and agree to comply with the responsibilities of practitioner under supervision. |
| I understand that I must:   * familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to being a registered practitioner * abide by the responsibilities of practitioners under supervision as set out in the Board’s Supervision requirements * inform my supervisor(s) at the outset of the supervision period of my experience, needs and circumstances/incidents relevant to the requirement that I practise under supervision * participate in assessments undertaken by my supervisor to assist in the determination of my capabilities, needs and progress * familiarise myself with policies and procedures relevant to my supervised practice and comply with such * follow directions and instruction from my supervisor and ask questions to clarify where necessary * advise my supervisor of any uncertainties and incidents in relation to my practice during the period of supervision * reflect on and respond to feedback * provide honest and responsible information as required by the Chinese Medicine Board of Australia, and   if practicing under Level 1 supervision, immediately cease practice in the event of supervision becoming unavailable and notify the Chinese Medicine Board of Australia in writing within seven days |
| I do/do not (please indicate as appropriate) have a potential conflict of interest, such as a personal or business relationship with my supervisor.  Please detail any potential conflict of interest: |

I have read, understand and agree to be bound by each of the above statements.

Signature of practitioner under supervision: Date:

Name of practitioner under supervision:

Name of supervisor(s):

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed on Contact us section of the AHPRA website ([www.ahpra.gov.au](http://www.ahpra.gov.au))

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| AHPRA, GPO Box 9958  In your capital city (refer below) | | | You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at [www.ahpra.gov.au](http://www.ahpra.gov.au) | | | | | |
| Sydney  NSW 2001 | Canberra ACT 2601 | Melbourne VIC 3001 | | Brisbane QLD 4001 | Adelaide SA 5001 | Perth WA 6001 | Hobart TAS 7001 | Darwin NT 8001 |