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  |
| --- |
| 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  |
| --- |
| 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

|  |
| --- |
| 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))

|  |  |
| --- | --- |
| AHPRA, GPO Box 9958In 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 | CanberraACT 2601 | MelbourneVIC 3001  | BrisbaneQLD 4001 | AdelaideSA 5001 | PerthWA 6001 | HobartTAS 7001 | DarwinNT 8001 |