

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: <ul style="list-style-type: none">• 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 <i>Code of conduct for registered health practitioners</i>, 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: <ul style="list-style-type: none">• 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

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: <ul style="list-style-type: none">• 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)

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				
Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 8001