

Appendix 2: Supervision Agreement

This supervision agreement is to be completed by the supervisor(s) and supervisee and is to be submitted to the Occupational Therapy Board of Australia prior to commencement of practice, where supervision is a requirement for registration.

Section 1 – Details and commitment of supervisor and supervisee

We agree to be engaged with each other in a supervisor/supervisee relationship:

Supervisor 1:

Last name: _____ First name: _____
Position: _____
Employing agency: _____
Number of full-time equivalent years experience as an occupational therapist: _____
Practice address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____
Signature: _____ Date: _____

Supervisor 2 (if applicable):

Last name: _____ First name: _____
Position: _____
Employing agency: _____
Number of full-time equivalent years experience as an occupational therapist: _____
Practice address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____
Signature: _____ Date: _____

Supervisee:

Last name: _____ First name: _____
Employing agency: _____
Specify hours to be worked each week: _____
Practice address: _____
Postal address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number (if applicable): _____
Signature: _____ Date: _____

Supervision level at commencement: 1 2 3 4 (circle relevant level)

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 guidelines)• that I must make every effort to ensure that the supervisee 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 supervisee and I agree to undertake and document assessments as required• that I must only delegate tasks that are appropriate to the role of the supervisee 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 I must take responsibility for the interventions carried out by occupational therapists working under my supervision to the extent described in the ‘Levels of supervision’ section in the Supervision guidelines• that I must provide clear direction to the supervisee• that I must provide honest and responsible reports as required by the Board, and• that overseas-trained occupational therapists under my supervision must be orientated to the Australian healthcare system and I will arrange for a program which addresses this requirement as part of the supervised practice plan.
I have read and understand: <ul style="list-style-type: none">• the Occupational Therapy Board of Australia’s Supervision guidelines.

Note: Some statutory protection for supervisors exists according to the Health Practitioner Regulation National Law (section 237). See the Occupational Therapy Board of Australia’s Supervision guidelines.

Agreement of supervisor

I confirm that I am/am not (please delete as appropriate) currently supervising more than three supervisees for the Occupational Therapy 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 (please delete as appropriate) previously provided supervision for occupational therapists.
(Please list names of previous occupational therapists you have supervised)

I do/do not (please delete as appropriate) have a potential conflict of interest, such as a personal or business relationship with the supervisee.
(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: _____

Signature of supervisor 2: _____

Name of supervisor 1: _____

Name of supervisor 2: _____

Name of supervisee: _____

Section 3 – Agreement of supervisee

Agreement of supervisee
I have read and agree to comply with the responsibilities of supervisees.
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 general registration without conditions• abide by the responsibilities of supervisees as set out in the Board's Supervision guidelines• 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 safety policies and procedures relevant to my supervised practice and comply with these• 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 Occupational Therapy Board of Australia• immediately cease practice in the event of supervision becoming unavailable and notify the Occupational Therapy Board of Australia in writing within seven days, and• if I am an overseas-trained occupational therapist, ensure I become familiar with the Australian healthcare system and that strategies which specifically address this requirement will be included in my supervised practice plan.
I do/do not (please delete 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 supervisee: _____ Name of supervisee: _____

Name of supervisor 1: _____

Name of supervisor 2 (if applicable): _____

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed in the Contact Us section of the AHPRA website (www.ahpra.gov.au) or below:

AHPRA GPO Box 9958 IN YOUR CAPITAL CITY	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801
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You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

For information on the Occupational Therapy Board of Australia please visit www.occupationaltherapyboard.gov.au.