



# Supervised Practice Agreement

To be completed by the registrant and their proposed supervisor before being submitted to the Board for consideration

- The Board has imposed conditions on the registrant detailed in this form requiring the registrant to practice under supervision. Supervision is required to satisfy the Board that the registrant is safe and competent to practise.
- The Board may ask the supervisor nominated in the Agreement, to give information to the Board from time to time about the registrant's practise of the profession.
- The nominated supervisor **must have** current general registration without Board imposed conditions during the term of this Agreement.
- The nominated supervisor will have primary responsibility for the applicant's supervision.
- **THIS FORM MUST BE SIGNED AND DATED BY BOTH THE REGISTRANT AND THE SUPERVISOR TO BE COMPLETE.**

## 1 Details of registrant

Family name

First name

Registration No. (if registered)

Date of birth

Proposed position/job title

Phone number

## 2 Details of proposed supervisor:

Family name

First name

Registration No.

Date of birth

Position/job title

Location

Phone number

Email address

## 3 Registrant certification

Registrant's signature

Date

## 4 Supervisor certification

I agree to supervise the registrant named in this form, in accordance with the conditions placed on the registrant by the Board and the policy *attached* to this Agreement which forms part of this Agreement.

I have an equivalent of \_\_\_\_ years full time clinical practice in the profession, and I warrant that I am competent to provide the required supervision.

### Conflict of interest in providing supervision

No conflict of interest exists

A potential conflict of interest exists — details are attached

Supervisor's signature

Date

### Submission to Board

Send the completed application by one of the following methods:

*Mail to:* Occupational Therapists Board of Queensland  
GPO Box 2438,  
BRISBANE QLD 4001

*Fax to:* (07) 3225 2527

### OFFICE USE ONLY

Board approval:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_