



## Form A – Supervision agreement

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

### Section 1 – Details and commitment of supervisor and physiotherapist under supervision

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

#### Supervisor 1:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Practice address: \_\_\_\_\_  
Phone work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Registration number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Supervisor 2 (if applicable):

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Practice address: \_\_\_\_\_  
Phone work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Registration number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Physiotherapist under supervision:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
Phone work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Registration number (if applicable): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2 – Agreement of supervisor

<b>Agreement of supervisor</b>
I have read and agree to comply with the responsibilities of supervisors.
I understand: <ul style="list-style-type: none"><li>• the significance of supervision as a professional undertaking and commit to this role</li><li>• my legal and professional responsibilities generally, and in relation to supervision, and will act accordingly</li><li>• that I must make every effort to ensure that the physiotherapist 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 ethical principles that apply to physiotherapy practice</li><li>• the responsibility for determining the supervised practice plan and supervision reports must be informed by my assessment of the physiotherapist under supervision, and I agree to undertake and document assessments as required</li><li>• that I must only delegate tasks that are appropriate to the role of the physiotherapist under supervision and are within the competence of the individual</li><li>• 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</li><li>• that although the <i>APP Instrument</i> and <i>Clinical Educator Manual</i> was designed for students and clinical educators, it reflects the <i>Australian Standards for Physiotherapy</i> (2006) and therefore provides a standardised clinical assessment instrument that allows assessment of level of competence that is relevant for individuals with limited registration or where supervision is a requirement for registration</li><li>• that I must take responsibility for the interventions carried out by physiotherapists working under my supervision to the extent described in the 'Levels of supervision' section in the supervision guidelines.</li><li>• that I must provide clear direction to the physiotherapist under supervision</li><li>• that I must provide honest and responsible reports as required by the Physiotherapy Board of Australia, and</li><li>• that overseas-trained physiotherapists under my supervision must be orientated to the Australian healthcare system and I will develop a program which addresses this requirement as part of the supervised practice plan.</li></ul>
I have read and understand: <ul style="list-style-type: none"><li>• the Physiotherapy Board of Australia's <i>Limited registration standards</i> (if applicable), and</li><li>• the <i>APP Instrument Clinical Educator Resource Manual</i> and know that the APP tool is to be used to assess clinical competency of the physiotherapist under supervision and to develop individual supervised practice plans and supervision reports on progress, unless otherwise agreed by the Board.</li></ul>

Name of Supervisor: \_\_\_\_\_

Name of Physiotherapist under supervision: \_\_\_\_\_

**Agreement of supervisor**

I confirm that I am not currently supervising more than three physiotherapists under supervision for the Physiotherapy Board of Australia.

*(Please provide details of how adequate supervision is to be provided for all physiotherapists under supervision if proposing to supervise more than three.)*

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I have/have not *(please delete as appropriate)* previously provided satisfactory supervision for physiotherapists with limited registration or where supervision is a requirement for registration. Please list names of previous physiotherapists you have supervised.

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I do/do not *(please delete as appropriate)* have a potential conflict of interest, such as a personal or business relationship with the physiotherapist under supervision. Please detail any potential conflict of interest.

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**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 physiotherapist under supervision: \_\_\_\_\_

### Section 3 – Agreement of physiotherapist under supervision

<b>Agreement of physiotherapist under supervision</b>
I have read and agree to comply with the responsibilities of physiotherapists under supervision.
I understand that I must: <ul style="list-style-type: none"><li>• familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to general registration without conditions</li><li>• 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</li><li>• participate in assessments undertaken by my supervisor to assist determination of my capabilities, needs and progress</li><li>• familiarise myself with safety policies and procedures relevant to my supervised practice and comply with these</li><li>• follow directions and instruction from my supervisor and ask questions to clarify where necessary</li><li>• advise my supervisor of any uncertainties and incidents in relation to clinical practice during the period of supervision</li><li>• reflect on and respond to feedback</li><li>• provide honest and responsible information as required by the Physiotherapy Board of Australia</li><li>• immediately cease practice in the event of supervision becoming unavailable and notify the Physiotherapy Board of Australia in writing within seven days, and</li><li>• if I am an overseas-trained physiotherapist, 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.</li></ul>
I do/do not ( <i>please delete as appropriate</i> ) have a potential conflict of interest, such as a personal or business relationship with my supervisor.  Please detail any potential conflict of interest.  <hr/>

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

Signature of physiotherapist under supervision: \_\_\_\_\_ Name of physiotherapist under supervision: \_\_\_\_\_

Name of supervisor(s): \_\_\_\_\_

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