Orientation Report

Physiotherapists should be familiar with the structure of the Australian healthcare system, the various bodies in the system and their respective roles and responsibilities, legislative requirements of physiotherapists and professional conduct.

Please complete this orientation report:
- after the first three months of initial registration, and
- in addition to a Supervision Report

| Name of physiotherapist under supervision: |
| Registration number: |
| Dated commenced in position: |

Mark off each section when covered

- Structure and funding of the Australian healthcare system.
- State/Territory government departments and authorities relevant to the practice of physiotherapy.
- Physiotherapy Board of Australia — registration, professional performance, conduct and health assessment and monitoring relevant under the *Health Practitioner Regulation National Law Act* (National Law) as in force in each state and territory.
- Other legislation relevant to the practice of physiotherapy, such as workplace health and safety, privacy, informed consent, child protection, health records.
- Inter-face between Public and Private health sectors.
- Primary practitioner status of physiotherapists.
- Provider numbers.
- Referral Systems relevant to the practice of physiotherapy.
- Professional development.
- Sources of professional information, including Australian Physiotherapy Association.
- Patient rights and responsibilities and complaints handling.
- Cultural awareness and respect, including Aboriginal and Torres Strait Islander culture.
- Orientation to place of practice, including policies and procedures.
Other topics included in orientation:

---

Signatures

**Physiotherapist under supervision**

Signature: ___________________________ Date: ___________________________ (day/month/year)
Name: ________________________________________________________________ (please print)

**Supervisor 1**

Signature: ___________________________ Date: ___________________________ (day/month/year)
Name: ________________________________________________________________ (please print)

**Supervisor 2, if relevant.**

Signature: ___________________________ Date: ___________________________ (day/month/year)
Name: ________________________________________________________________ (please print)