



Medical Radiation Practice Board of Australia | AHPRA

Principal supervisor's declaration

Type: **Supervised practice program**

Profession: **Medical radiation practice**

Part 7 Division 3 of the Health Practitioner Regulation National Law (the National Law)


This form is for medical radiation practitioners who are acting as the principal supervisor for practitioners in the supervised practice program for medical radiation practice.

You must complete and email this form with all required attachments to **mrpsupervisedpractice@ahpra.gov.au** within 28 days of the supervised practitioner commencing practice. **You must not submit this form until the practitioner has applied to the Board and been accepted to participate in the program.**

A practitioner is eligible to participate in the supervised practice program if they hold:

- provisional registration, or
- general registration with conditions that require a program of supervised practice.

It is important that you refer to the Medical Radiation Practice Board of Australia's (the Board) *Supervised practice registration standard*, *Supervised practice guidelines* and the *Supervised practice program guide* before completing this declaration. These documents can be found at www.medicalradiationpracticeboard.gov.au





 **This declaration will not be considered unless it is complete, all supporting documentation has been provided and both the practitioner and their proposed principal supervisor meet the requirements identified in the Board's *Supervised practice registration standard*.**

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.


By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form


-  **Additional information**
Provides specific information about a question or section of the form.
-  **Attention**
Highlights important information about the form.
-  **Attach document(s) to this form**
Processing cannot occur until all required documents are received.
-  **Signature required**
Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT** send original documents unless specified.

 Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details

 The information items in this section of the application marked with an asterisk (*) will appear on the public register.

1. What is your name?

Title*
 MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

2. What is your registration number?

Registration number*



SECTION B: Contact information

3. What are your contact details?

i You may be contacted by AHPRA regarding the progress of the practitioner(s) you are providing supervision to. These contact details should be the same as those you provided for your registration.

Provide your current contact details below – place an next to your preferred contact phone number.

Business hours

Mobile

After hours

Email

SECTION C: Supervised practice program details

4. What is the name and address of the site of the supervised practice program?

i If you are in a cluster (such as in Victoria) this is the host site.

Site/Building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT) **Postcode**

SECTION D: Supervised practitioner(s) details

5. What are the details of your supervised practitioner(s)?

i You are required to attach copies of the *Supervision implementation plan* for each practitioner. A template and examples of the *Supervision implementation plan* can be found in the *Supervised practice program guide*.

Practitioner 1
 MR MRS MISS MS DR OTHER

Family name of supervised practitioner

First given name

Registration number Date commencing supervised practice

You **must** attach a copy of the *Supervision implementation plan*.

Practitioner 2
 MR MRS MISS MS DR OTHER

Family name of supervised practitioner

First given name

Registration number Date commencing supervised practice

You **must** attach a copy of the *Supervision implementation plan*. Attach a separate sheet if all your supervised practitioner's details do not fit in the space provided.



SECTION E: Principal supervisors at other cluster sites

6. Are you the principal supervisor at the host site of a cluster (such as in Victoria)?



This form is only to be completed by the host principal supervisor.

YES Go to the next question

NO Go to Section F: Principal supervisor's declaration

7. What are the details of co-principal supervisors at additional cluster sites?

Additional cluster site 1

MR MRS MISS MS DR OTHER

Family name of principal supervisor

First given name

Registration number

Work address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT) Postcode

Additional cluster site 2

MR MRS MISS MS DR OTHER

Family name of principal supervisor

First given name

Registration number

Work address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT) Postcode

Attach a separate sheet if all the details of principal supervisors at other cluster sites do not fit in the space provided.



SECTION F: Principal supervisor's declaration

I declare that I:

- hold general registration without conditions that would impact on the provision of supervised practice
- have held general registration for a minimum of two years in the same division of registration as the supervised practitioner(s)
- will provide supervision and undertake the role of principal supervisor for the practitioner(s) listed on this form according to the requirements contained in the *Supervised practice program guide*, and
- have attached a copy of the *Supervision implementation plan* for each practitioner listed on this form according to the requirements contained in the *Supervised practice program guide*.

Name of principal supervisor <input style="width: 90%; height: 20px;" type="text"/>	Signature of principal supervisor <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
Date <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/>	

SECTION G: Checklist



Please label **each attachment** with the corresponding question number.

Have the following items been attached or arranged, if required/applicable?

<i>Additional documentation</i>		Attached
Question 5	A copy of the <i>Supervision implementation plan</i> for each practitioner you supervise	<input type="checkbox"/>
Question 5	A separate sheet with additional supervised practitioner's details	<input type="checkbox"/>
Question 7	A separate sheet with details of principal supervisors at additional cluster sites	<input type="checkbox"/>

Please email this form with all required attachments to:

mrpsupervisedpractice@ahpra.gov.au

You may contact the AHPRA on 1300 419 495 or you can lodge an enquiry at **mrpsupervisedpractice@ahpra.gov.au**



In the email subject line, please include your family name, first given name and registration number.
e.g. CITIZEN, John, MRP0001234567