



Application to extend a 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 applying to extend the length of their supervised practice program when they have not met the capability requirements necessary to apply for general registration. An applicant must have confirmed support for the proposed extension from their employer and principal supervisor, and hold provisional registration or general registration with conditions that require a program of supervised practice.

You and your principal supervisor must complete and email this form with any required attachments to mrpsupervisedpractice@ahpra.gov.au. You may submit this application up to four weeks before your scheduled completion date.

The Board will consider the information provided in the form to decide if additional supervised practice is approved.

It is important that you refer to the Board's 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 application will not be considered unless it is complete and both the practitioner and their 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** are returned to AHPRA.
- Use a black or blue pen only.
- Print clearly in BLOCK LETTERS
- Place X in **all** applicable boxes:

PART A – To be completed by the supervised practitioner

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*	IRS 🔀	MISS 🔀	MS	X	DR	X	0	THER	SF	PECIF	ΞΥ			
Family name	*													
First given na	nme*													
Middle name	(s)*													
Previous nam	nes knowi	1 by (e.g. ma	aiden	name)										

What is your registration number?

Registra	trat	ion	nun	ıbe	r*					
M R	3	P								

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SECTION B: Contact information

3.	What are your contact details?	Dravida your current contact datails below place on As	nout to your professed contact phone number										
	You may be contacted by AHPRA regarding your	Provide your current contact details below – place an S Business hours	Mobile										
	supervised practice.												
	These contact details should be the same as those you	After hours											
	provided for your registration.												
		Email											
	SECTION C: Supervised	practice program details											
4.	What is the name and address	Site/Building (if applicable)											
	of the site of your supervised practice program?												
	If you are in a cluster (such												
	as in Victoria) this is your												
	host site.												
		Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)											
		City/Suburb/Town											
		State/Territory (e.g. VIC, ACT)	Postcode										
		(e.g. re,ree.)											
5.	When are you scheduled to	Scheduled completion date											
	complete supervised practice?	DD/MM/VVVV											
	SECTION D: Reason for 6	extension of supervised practice											
6.	What area(s) of medical	Mark all antique applicable to your application											
	radiation practice have you	Mark all options applicable to your application Domain 1: professional and ethical conduct	Domain 4: radiation safety and risk management										
	yet to demonstrate capability? All If your final assessment has	Domain 2: professional communication	Domain 5: practice in medical radiation science										
	not been submitted, please	and collaboration	(common) and either:										
	include areas you expect to	Domain 3: evidence based practice and	Domain 5a: practice in diagnostic radiography										
	be unable to demonstrate capability.	professional learning	Domain 5b: practice in nuclear medicineDomain 5c: practice in radiation therapy										
			Domain 50: practice in radiation therapy										
7.	What specific practice areas												
	of each domain do you												
	require additional supervised practice?												
	practice:												
		You must attach a separate sheet with ac	dditional details that do not fit in the space provided.										

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8.	How many additional weeks of supervised practice is	The Board will consider this proposal in determining the number of weeks required.	
	proposed?	Additional weeks of supervised practice proposed	
9.	Can this additional supervised practice be undertaken at the current site?	YES Oo to question 11 NO	
	current site?	You must attach a separate sheet with additional details that do not fit in the space provide	ed.
10	Has an alternative site been identified?	YES 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 This application cannot be considered until an alternative site has been identified.	d.
111	How will additional supervised practice allow you to demonstrate capability in all required domains?	You must attach a separate sheet with additional details that do not fit in the space provide	ed.

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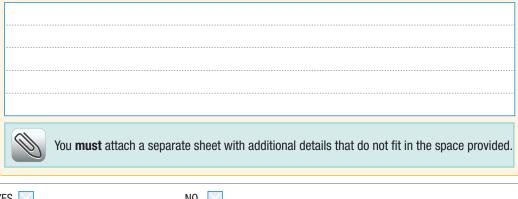
SECTION E: Supervised practitioner's declaration

I declare the information provided in this application is correct and if approved for an extension, I agree to participate in the supervised practice program for medical radiation practitioners according to the requirements contained in the *Supervised practice program guide*.

Name of supervised practitioner Date DID / MM / YYYYY	Signature of supervised practitioner SIGN HERE	
	supervisor	
SECTION F: Principal supervisor's comments		
What are the details of the specific practice areas]

demonstrate capability?

within each domain that the practitioner has yet to



13. Do you support an extension of the supervised practice program?

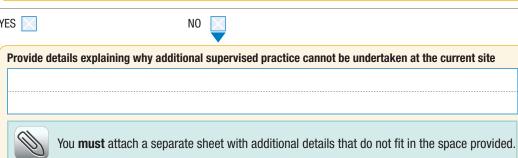
Provide details explaining why you do not support an extension of the supervised practice p	program
You must attach a separate sheet with additional details that do not fit in the s	space provided.

14. How many additional weeks of supervised practice is proposed?

The Board will consider this proposal in determining the number of weeks required.

Additional weeks of supervised practice proposed

15. Can this additional supervised practice be undertaken at the current site?



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16. When is the additional supervised practice planned to commence?

Con	nmei	ncei	ment dat	te	
D	D	/	MM	/	YYYY

17. Will you continue as the principal supervisor?

YES 🔀	NO 👿
Provide the new principal supervisor	's details below
Family (legal) name of new supervisor	
First given name	
Registration number	
MRP	

18. What is the extended supervision implementation plan proposed for the practitioner?



You **must** provide a weekly plan detailing the areas of practice to be undertaken during the proposed extension.

SECTION G: Principal supervisor's declaration

I declare the information provided in this application is correct and if approved I will provide supervision and undertake the role of principal supervisor for the practitioner listed on this form according to the requirements contained in the *Supervised practice program guide*.



SECTION H: Checklist

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

Additional dod	umentation	Attached
Question 7	A separate sheet with additional details of which practice areas the practitioner requires additional supervised practice	\times
Question 9	A separate sheet with additional details explaining why additional supervised practice cannot be undertaken at the current site	X
Question 11	A separate sheet with additional details explaining how additional supervised practice will allow the practitioner to demonstrate capability in all required domains	×
Question 12	A separate sheet with additional details of the specific practice areas in which the practitioner has yet to demonstrate capability	X
Question 13	A separate sheet with additional details explaining why the principal supervisor does not support the extension of the practitioner's supervised practice program	×
Question 15	A separate sheet with additional details explaining why additional supervised practice cannot be undertaken at the current site	X
Question 18	A copy of the proposed extended supervision implementation plan	X

Please email this form with 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

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