



PO Box 501
Paddington NSW 2021
Australia
coordinator@supervision.org.au

Statement of Professional Development

Please list a summary of your professional development in relation to your supervisory work which you have undertaken in previous twelve months. (January 1 – December 31). It is expected that Supervisor Trainer, Supervisor and Associate Members would undertake at least 10 hours of professional development related to directly to supervisory practice.

Please also upload copies of certificates with this form.

If you do not have certificates, please have this information verified by your supervisor or workplace.

| Date | Name of Workshop | No of Hours |
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Supervisor or Workplace Name:

Signature:

Date: