



PO Box 501
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Australia
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Supervisor Declaration Form

I (Name of supervisor)
hereby declare that(Name of applicant)
has undertaken supervision with me since(date)
Accountable hours are:

Hours of individual supervision on supervisory practice:(hours)

Hours of group supervision on supervisory practice:(hours)

NB: Group supervision is halved to gain accountable hours eg: 2 hour equals 1 hours

I declare that to the best of my knowledge that the applicant is practicing competently and ethically

Print Name:

Signature:

Date:.....

Supervisor's Qualifications as a Professional Supervisor:

.....

Supervisor's years of experience:(years)

Supervisor's Email:

Supervisor's Mobile: