**SUPERVISION FORM for Membership Renewal**This form is for Membership Renewal ONLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Practitioner’s Name:** |  | | | |
| **DTAA Membership Level:** | Associate  Provisional Professional  Professional  Clinical Supervisor | | | |
| **Reporting Period:** | **Start Date:** |  | **End Date:** |  |
| **Client Contact Hours:** | **Total Client Contact Hours in Reporting Period:** | | |  |

**SUPERVISOR’S DETAILS** (Please use a separate form for each supervisor if you have more than one supervisor)

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor’s Name:** |  | | |
| **Supervisor’s Practice Address:** |  | | |
| **Supervisor’s Qualifications:** |  | | |
| **Contact Phone No.:** |  | Email: |  |

**SUPERVISION HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Start Date** | **End Date** | **Supervision Type** | **No. of Participants in Group** Maximum of 6 participants in group | **Supervisor’s Name and Profession** | **Time (in hours)** |
|  |  |  |  |  |  |
|  |  |  |  | **TOTAL THIS PERIOD** |  |

**SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor:** |  | **Date:** |  |
| **Practitioner:** |  | **Date:** |  |

**NOTES 1**

Supervision Type:

1. Individual, Group or Peer
2. Peer Supervision is for senior practitioners only (eg Professional or Clinical Supervisors). Please only select Peer Supervision if you are eligible to do so.
3. Complete this form for each supervisor you work with this financial year.

**Sending to DTAA:**

**Save the form as Your Full Name Supervision Reporting 2023**

1. If you have downloaded the form from the Renewal Notice, complete and UPLOAD back to the ONLINE LINK.
2. If you have downloaded the form from the website prior to renewal time, please save and complete when ready. You will receive a notice at renewal time asking you to click on a link and UPLOAD your completed documents.