**A logo for a company

Description automatically generatedSUPERVISION RECORD for DTAA Membership Renewal**

**REPORTING FORM 2024**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

**(where you have more than one supervisor, please submit one form for each)**

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

**SUPERVISION HOURS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Start Date** | | **End Date** | **Supervision Type**  (individual, group) | **No. of Group Participants**  (Maximum 6 in a group) | **Supervision Dates** | **Time (hours)** |
|  | |  |  |  |  |  |
|  |  | |  |  | **TOTAL THIS PERIOD** |  |

**SIGNATURES**

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