**SUPERVISION 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:** |  |