

CLINICAL SUPERVISOR ELIGIBILITY

Supervisor eligibility:

Declarations must be signed by yourself, and by your Clinical Supervisor. The person who signs your declaration must be qualified and capable of attesting to your competence to practice. They will be required to note their full name and registration number with the board under which they are registered.

A Clinical Supervisor should in the first instance be one of the following from your profession:

- Clinical team leader, lead physiologist or department head
- Clinician responsible for your service
- Clinical Manager or Educator
- Director of Allied health
- Person undertaking your annual performance review

The following list are those ineligible to sign the declaration:

- Workplace peer, Section head, Senior Physiologist not in a charge role, non-clinically trained manager

? **Industry representatives**

Your line manager should sign your declaration

? **More than one scope or more than one employer?**

One supervisor can sign for both scopes of practice, or there is space for an additional signatory for different scopes, and an additional workplace.

? **Not currently employed – e.g., between roles, on extended leave**

Please include an additional statement of your circumstance. You may be approved for registration with conditions until supervisory support can be obtained.

CLINICAL SUPERVISOR DECLARATION FORM

Clinical Supervisor is to circle an answer to every statement to indicate agreement

I confirm the applicant is suitable to practice as a Clinical Physiologist in the scope of practice of which they are employed. Yes No

All individuals are required to demonstrate a suitable level of competence in the following domains as per the competency standards set by the relevant professional society:

Scientific, Clinical, Technical, Problem Solving, Communication, Research and Management/Leadership (standards are available on ACCP website)

I hereby certify that the above-named applicant has demonstrated a level of competency and provided appropriate evidence in each of the specified domains above that fulfils the requirements of both the professional body association to which the named applicant is a member, or eligible for membership, and the requirements of ACCP. Yes No

I confirm that the above-named has completed Continuing Professional Development activities which meets the objectives set out in the Portfolio requirements for ACCP. (Portfolio guidelines available on ACCP website) Yes No

If you have answered NO to any of the above statements, attach a summary outlining any areas where the above-named applicant is not meeting the requirements for competency or CPD, and document the plan in place for the specific requirements to be met. Please attach to this application.

Supervisors Name:

Supervisors Name:
If > 1 scope or workplace)

Supervisors Signature:

Supervisors Signature:

Registration number:

Registration number:

Registered with:

Registered with:

Position:

Position:

Date:

Date:

SOLE PRACTITIONER DECLARATION

Complete this section if you have no clinical supervision or oversight from within your profession such as a lead physiologist, team leader, and clinical manager, or outside of your profession such as a medical consultant, unit manager, or service manager.

Tick if applicable

I declare that I am practicing as Sole Practitioner.

I have abided by the process set by my profession to assess my ongoing competence to practice, and continuing professional development.

Applicant's name:

Applicant's signature:

Date:

