



Supervisor Declaration

To be completed by the Applicant's Current Supervisor

Supervisor Details (*supervisor/senior colleague to complete*) ---Please print in BLOCK LETTERS

| | | | | | |
|---|------------------------|------------|--|----------|--|
| Name of the applicant | | | | | |
| Your Surname | | First Name | | Title | |
| Position | | | | | |
| Relationship to Applicant (<i>e.g. Supervisor</i>) | | | | | |
| Practice or Hospital | | | | | |
| Department (<i>if applicable</i>) | | | | | |
| Address | | | | | |
| Suburb / Town | | State | | Postcode | |
| Telephone No. | | | | | |
| Email | | | | | |
| Time Applicant has worked in current role: | <i>(years, months)</i> | | | | |
| Total time Applicant has worked in all relevant roles (<i>including current</i>) | <i>(years, months)</i> | | | | |

Declaration by Current Supervisor:

I,
(*print full name of supervisor*)
have worked with the applicant in a supervisory capacity and verify that, to the best of my knowledge, the information in this application is correct.

I have no relevant financial or other conflicts to declare.

I acknowledge that the applicant is appropriately qualified and experienced, and is in good standing, in this role.

Signed:
(*Supervisor*)

Date: