



Physiotherapists Board  
of Queensland

# Supervised Practice Agreement

*To be completed by the registrant and their proposed supervisor*

- The registrant detailed in this form is required to practise in Queensland under supervision. Supervision is required to satisfy the Board that the registrant is safe and competent to practise.
- The Board may ask the supervisor nominated in the Agreement, to give information to the Board about the registrant's practise of the profession.
- The nominated supervisor **must have** current general registration without Board imposed conditions.
- The nominated supervisor will have primary responsibility for the applicant's supervision.
- **THIS FORM MUST BE SIGNED BY BOTH THE REGISTRANT AND THE SUPERVISOR TO BE COMPLETE.**

## 1 Details of registrant

Family name

First name

Registration No. (if registered)

Date of birth

Proposed position/job title

Phone number

## 2 Details of proposed supervisor:

Family name

First name

Registration No.

Date of birth

Position/job title

Location

Phone number

Email address

## 3 Registrant certification

Registrant's signature

Date

## 4 Supervisor certification

I agree to supervise the registrant named in this form, in accordance with the conditions placed on the registrant by the Board, in the following area(s):

- Cardiorespiratory     Neurology  
 Musculoskeletal     Other (specify) \_\_\_\_\_

I have an equivalent of \_\_\_\_ years full time clinical practice in the profession, and I am competent to provide the require supervision.

### *Conflict of interest in providing supervision*

- No conflict of interest exists  
 A potential conflict of interest exists — details are attached

Supervisor's signature

Date

### Submission to Board

Send the completed application by one of the following methods:

*Mail to:* **Physiotherapists Board of Queensland**  
GPO Box 2438,  
BRISBANE QLD 4001

*Fax to:* (07) 3225 2527

### OFFICE USE ONLY

Board approval:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_