



Stage 2

Application Form for Period of Supervised Practice for Overseas-trained Practitioners

Please refer to the “Guidelines to assist in the preparation of the Stage 2 Supervised Practice Plan” when completing this form.

Completed applications may be forwarded to the OTC as follows:

Hard copies: PO Box 959, South Perth WA 6951 (please do not staple)
 Email: in pdf format scanned as one document

Section A: Personal Details

Family name	Smith		
Given name(s)	Jane		
Any previous names (eg. prior to marriage)	Jones		
Gender	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>	
Date of birth	Day 01	Month 01	Year 1989
AHPRA Registration No.	OCC 123123		
Address for correspondence	123 Bond Street		
	Newhaven NSW 2200		
Contact details – please write clearly	Email	janesmith@yahoo.com	
	Mobile	040 1231231	
Date of OTC Stage 1 Assessment Letter	Jan 2015		
Qualifications	B Sc (OT)	Date of Award	2014

Awarding Institution	Queen Margaret	Country	UK
Current CV including brief summary of experience to date attached <input type="checkbox"/>			

Section B: Employer's Details

Name of employing agency	ABC Rehab		
Address of employing agency	123 High Street		
	Sydney NSW 2000		
Position for supervised practice	OT		
Commencement date of supervised practice	Day 01	Month 01	Year 2016
Hours of work per week for period of supervised practice	30		
Anticipated completion date for supervised practice	Day 30	Month 06	Year 2016
Please attach a copy of the Position Description for your role <input type="checkbox"/>			

Section C: Details of Supervision Process

If two supervisors have been nominated and approved for the period of supervised practice, the supervisors must confer regarding the practitioner's progress prior to the completion of any assessment report. It is not appropriate for the practitioner to provide communication between two supervisors.

Primary occupational therapist supervisor	Name	Alice Jones
	Position	Senior OT
	Place of work	ABC Rehab
	Contact details:	
	Tel:041 123 4567.....
Email:		
	AHPRA Registration no.	

	OCC 12345678
	Qualification (name, institution and conferral date): B Sc(OT) La Trobe 2009
Secondary occupational therapist supervisor (if required)	Name
	Position
	Place of work
	Contact details:
	Tel:
	Email:
	AHPRA Registration no.
	Qualification (name, institution and conferral date):
<p>Please include curriculum vitae for each supervisor.</p> <p>If a third supervisor is required, please attach as a separate document, including all information above.</p>	

Details of formal supervision with occupational therapy supervisor	<p>As a minimum weekly face-to-face supervision (one hour per week) for the first six weeks, thereafter it could be modified to at least fortnightly until completion.</p> <p>Weekly for the first six weeks x</p>
	<p>Thereafter:</p> <ul style="list-style-type: none"> • Face-to-face – specify frequencyfortnightly..... • Telephone – specify frequency • Other – specify frequency

Record supervision on the OTC Supervision Log (HYPERLINK) and submit the supervision log with the midway and final reports

SECTION D – Practice Context - Please circle as appropriate

Please identify area of practice:

Paediatrics	Mental Health	Aged care
Work rehabilitation	Academia	Hand and upper limb
General medical	Rehabilitation	

Other (please specify)

Please indicate location of period of supervised practice: Metropolitan Rural

Please indicate nature of organisation:

Sole practitioner private practice	Small private practice
Private company/hospital in single location	Private company with multiple locations
Public health service/hospital	NGO
University or teaching institution	

We, the supervisor and the supervisee, have discussed and collaborated on the development of the attached Supervised Practice Plan.

We, the supervisor and the supervisee, agree to comply with the requirements of the OTC which may be imposed during the period of supervised practice in relation to the provision and/or revision of reports.

Signature of practitioner	Date
Signature of supervisor	Date

Please use the “Guidelines for Completion of the Supervised Practice Plan” to assist with the development of your Supervised Practice Plan

- Checklist**
- Please ensure the following **documents are attached** to this Application Form
- Practitioner’s curriculum vitae
 - Practitioner’s job description
 - Supervisor’s curriculum vitae. If more than one supervisor, please provide curriculum vitae for each one.
 - Supervised Practice Plan signed by you and your supervisor.

“Orientation to the Australian Healthcare System” Appendix 5 on AHPRA website

Fees

The fee must accompany this application form and made payable to OTC in Australian dollars by one of the following methods:

- A money order issued by Australia Post made payable to the Occupational Therapy Council.
- Credit card – form available on the website and should accompany this application.
- A bank cheque drawn by an Australian bank made payable to the Occupational Therapy Council.
- A personal cheque drawn on an Australian bank account made payable to the Occupational Therapy Council. .
- Direct debit as follows:

Account name:	Occupational Therapy Council
Bank:	Westpac
BSB:	036 308
Account no.:	28 2504
International Swift:	WPACAU2S

Please ensure your name appears on the statement of the OTC, and you advise us via email that payment has been effected.

Please do not send your payment of fees in cash by post.

A receipt will be issued to acknowledge OTC has received your application and fee. The fee is not refundable.

Section D: Statement of Privacy

The Occupational Therapy Council (Australia & New Zealand) Ltd (OTC) is required to observe the provisions of the Commonwealth Privacy Amendment (Private Sector) Act 2000, which has effect from 21 December 2001 and sets out the requirements for the collection and use of personal information collected before and after that date.

As from 21 December 2001 each of the Application Forms used by the OTC is required to include a statement relating to the OTC's privacy procedures. Each must be signed by the practitioner to give formal consent for the OTC to collect and hold personal information.

If consent is not provided, the OTC will not be able to process your application.

You MUST sign one of these consent forms for every application form you are submitting to the OTC.

Your privacy is respected by the OTC. Information collected by the OTC may be used for administering the assessment process and provided to OTC and the Overseas Qualifications Assessment Committee (OQAC), members of the Australian Health Practitioner Regulation Agency (AHPRA), The Occupational Therapy Board of Australia (OBTA), Occupational Therapists Registration Board of New Zealand (OTBNZ) and OT Australia (National and State Associations).

If you have any privacy concerns or would like to verify information held about you please contact the OTC, PO Box 959, South Perth WA 6951

Consent to Collect Information:

Full name:

Signature: **Date:**

EXAMPLE