SUPERVISOR MEMBER APPLICATION FORM

Supervisor Membership is open to any person currently qualified in their field of work with a minimum of three years clinical experience as a supervisor. There are two pathways to membership:

1. The applicant has completed a supervisory training program with the criteria as stated below within the last five years; or
2. The applicant is seeking recognition for prior learning (RPL).

Personal Details

Title: First name: Surname:

Street: Suburb/Town: State:

Postcode: Home ph: Work ph:

Mobile: Email:

Supervisor Membership Criteria

☐ Category 1: Training within a supervisory training program that meets the following standards

The training programme must have consisted of at least:

1. 72 hours of supervisory theory including models of supervision. *This would include at least 25 hours of experiential learning.*

2. 15 hours of supervision on supervisory practice by a qualified and recognised Supervisor Trainer post training.

3. Evidence of 80 hours of supervisory practice provided over a minimum of two years during and post supervisory training.

If you have completed the above please ask the Training Program Registrar to fill in the form below. Attach this form to the Membership Form and forward both to AAOS along with membership fee and Professional Indemnity cover document.
If you are applying for “Recognition of Prior Learning” as a Supervisor and have not completed training within a training institute for supervisory practice please demonstrate competencies, in terms of skills, knowledge, values, self awareness and self assessment in your professional practice as a supervisor, that would be equivalent to the criteria set out at the beginning of this document. (The AAOS Supervisory Competencies are set out on a separate document.)

1. Name your main field of work:

2. List qualifications you have gained that are pertinent to training as a Professional Supervisor within your profession.
   If possible list workshops, conferences attended and attach copies of certificates/diplomas where available.

3. Provide details of at least 72 hours of supervision specific workshops and courses undertaken over the past ten years.

4. Provide evidence of a minimum of 15 hours of supervision on supervisory practice undertaken within the past three years.
   Illustrate how you use supervision. If you use supervision for both your supervisory practice and another role please state the proportion you would use in a session. Please ask your current supervisor to sign the declaration document following.

5. Provide evidence of a minimum of 80 hours of supervision practice provided over the past 5 years.
**Work Practice**

Type of Practice:  
- ☐ Self employed  
- ☐ Private practice  
- ☐ Contracting  
- ☐ Retired  
- ☐ Employed  
- ☐ Combination of above (detail)__________________________________________

___________________________________________________________________________________

Name of primary employer:  
___________________________________________________________________________________

**Conditions of Association Membership**

Members are bound by the Constitution, the Code of Conduct and by-laws, notices and directives of AAOS. The AAOS website is updated with this information as required. Submission of your signed application form and annual membership fees constitutes your acceptance of the terms and conditions of membership to AAOS. I agree to abide by the Constitution, terms and conditions of AAOS.

Signature____________________________________ *Must sign for application to be processed

**Professional Indemnity Insurance**

You must attach documentary evidence (certificate of currency or letter from an employer) of your current professional indemnity insurance cover. This document must also state both the date of expiry of the policy and the services covered.

Company Name:  
Policy No.  
Expiry Date:  

Services Covered:  

*If you require Professional Indemnity cover, you could contact Fenton Green & Co at [www.fginsure.com.au](http://www.fginsure.com.au) and follow the prompts to get a quote for Professional Indemnity. When applying, note that you are applying for membership with AAOS.*

**Payment of Membership Fees**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>Affiliate</td>
<td>$100.00</td>
</tr>
<tr>
<td>Category 2</td>
<td>Associate Member</td>
<td>$200.00</td>
</tr>
<tr>
<td>Category 3</td>
<td>Supervisor Member</td>
<td>$310.00</td>
</tr>
<tr>
<td>Category 4</td>
<td>Supervisor Trainer</td>
<td>$310.00</td>
</tr>
<tr>
<td>Category 5</td>
<td>Supervisory Training Program</td>
<td>$440.00</td>
</tr>
</tbody>
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*(Categories 2, 3 & 4 include the registration fees for two Professional Development days per year.)*
Supervisor Declaration Form

This is to be a current supervisor you have been working for no less than a year, or, a Supervisor you have worked with for at least ten consecutive sessions within the last five years.

I ............................................................................................................. (name of supervisor)
hereby declare that ................................................................. (name of applicant) has undertaken supervision with me since ........................................... (date). Accountable hours are:

- Hours of individual supervision on supervisory practice ☐ hrs
- Hours of group supervision on supervisory practice (if applicable) ☐ hrs

The applicant has used the supervisory session to reflect on supervision of clients ..................... or work practice .............................., the proportion being ............................................................

I declare that to the best of my knowledge that the applicant is practicing competently and ethically.

Supervisor’s Qualifications as a Professional Supervisor: .............................................................
............................................................................................................................................................

Supervisor’s years of experience: ☐ years

Supervisor’s Address
............................................................................................................................................................

Supervisor’s Email ................................................................................................................................

Supervisor’s Telephone (w) .................................................................
(m) .................................................................................................

Signature of Supervisor ..............................................................................................

Payments to be made via Electronic Funds Transfer to:

Account name: AAOS     BSB: 112-879       Account no. 125939695

or by cheque payable to AAOS and attach documentation.

Please indicate which method of payment you are using:

1. Direct debit _______    Date of transfer ____________
2. Cheque _______

Forward all documentation to the CTS Chair, AAOS, PO Box 792, St Ives NSW 2075, Australia. You will receive a taxation receipt when your membership is approved.

Applicant’s Signature: .................................................................    Date:.................................................................

Please check that all documentation including Professional Indemnity Insurance Certificate of currency + payment are included with this application.