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MEMBERSHIP REQUIREMENTS

Supervisor

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).

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.

On completion of training the applicant must provide evidence of 80 hours of supervisory practice over a minimum of two years post supervisor 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.

Evidence of Completion of Supervisory Training

Name of Training Program:

.....

..... (name) has completed all the requirements deemed necessary by our Training Program for her/his training as a Professional Supervisor in line with the requirements and standards set by AAOS.

I, Registrar of the above program recommend that the applicant now be accepted for membership of AAOS as a Supervisor.

(Registrar Signature)

(Date)

Recognition of Prior Learning

If applying for membership as a Supervisor based on the recognition of prior learning, please add the following documentation to your membership application form:

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 document below.

Declaration by Applicant's Supervisor

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

Please check that all documentation including the General Application form is included with this application.