

Supervision agreement

Updated 1 June 2016

This supervision agreement is to be completed by the supervisor(s) and supervisee and is to be submitted to the Nursing and Midwifery Board of Australia (NMBA or National Board) prior to commencement of practice, where supervision is a requirement for registration.

Section 1 – Details and commitment of supervisor and supervisee

We agree to be engaged with each other in a supervisor/supervisee relationship:

Principal supervisor:

Last name: _____ First name: _____

Designation: Registered nurse (RN)/Midwife (MW) _____

Position: _____

Number of full-time equivalent years experience as a nurse/midwife: _____

Preceptor or supervisor course/qualification (or equivalent) held by principal supervisor _____ Date undertaken: _____

Employing organisation and workplace location (ward /unit/clinic): _____

Practice address: _____

Phone work: _____ Mobile: _____

Fax: _____ Email: _____

Registration number: _____ Signature: _____ Date: ____/____/____

Secondary supervisor (if applicable):

Last name: _____ First name: _____
Designation: EN/RN/MW _____
Position: _____
Number of full-time equivalent years experience as a nurse/midwife: _____
Preceptor or supervisor course/qualification (if any) held by secondary supervisor _____ Date undertaken: _____
Employing organisation and workplace location (ward /unit/clinic): _____
Practice address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____ Signature: _____ Date: __/__/__

Additional secondary supervisor (if applicable):

Last name: _____ First name: _____
Designation: EN/RN/MW _____
Position: _____
Number of full-time equivalent years experience as a nurse/midwife: _____
Preceptor or supervisor course/qualification (if any) held by secondary supervisor _____ Date undertaken: _____
Employing organisation and workplace location (ward /unit/clinic): _____
Practice address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____ Signature: _____ Date: __/__/__

Supervisee:

Last name: _____ First name: _____
Designation: EN/RN/MW _____
Position: _____
Number of full-time equivalent years experience as a nurse/midwife: _____
Employing organisation and workplace location (ward /unit/clinic): _____
Practice address: _____
Phone work: _____ Mobile: _____
Fax: _____ Email: _____
Registration number: _____ Signature: _____ Date: __/__/__

Supervision level at commencement: 1 2 (circle relevant level)

Section 2 – Agreement of supervisor

Agreement of supervisor
I have read and agree to comply with the responsibilities of supervisors.
I understand: <ul style="list-style-type: none">• the significance of supervision as a professional undertaking and commit to this role• my legal and professional responsibilities generally, and in relation to supervision, and will act accordingly (see the responsibilities of supervisors as set out in the NMBA's supervision guidelines)• that I must make every effort to ensure that the supervisee has read and agrees to comply with his/her responsibilities; understands legal responsibilities and constraints within which he/she must operate; and follows the NMBA <i>Code of professional conduct</i> relevant for the profession• the responsibility for determining the <i>Supervised practice plan</i> and supervision reports must be informed by my assessment of the supervisee and I agree to undertake and document assessments as required• that I must only delegate tasks that are appropriate to the role of the supervisee and are within the competence of the individual• that re-assessment of competency and review of the <i>Supervised practice plan</i> must occur regularly and that supervision reports on progress must be provided as stipulated by the NMBA• that the NMBA <i>National competency standards/Standards for practice</i> for the relevant profession¹ provide a standardised assessment instrument that allows assessment of level of competence that is relevant for individuals where supervision is a requirement for registration, and is used as a reflective tool in conjunction with the NMBA <i>Code of ethics</i>² and the NMBA <i>Code of professional conduct</i>³ for the relevant profession• that I must take responsibility for the interventions carried out by nurses/midwives (please delete as appropriate) working under my supervision to the extent described in the 'levels of supervision' section in the supervision guidelines• that I must provide clear direction to the supervisee• that I must provide honest and responsible reports as required by the NMBA or relevant state or territory board or registration committee of the NMBA, and
I have read and understand: <ul style="list-style-type: none">• the NMBA's supervision guidelines, and• the NMBA <i>National competency standards/Standards for practice</i> for the relevant profession and know that such standards are to be used to assess competency of the supervisee and develop individual supervised practice plans and supervision reports on progress, unless otherwise agreed by the relevant state or territory board or registration committee of the NMBA.

Note: Some statutory protection for supervisors exists according to the Health Practitioner Regulation National Law (section 237).

¹ Located under [Codes and guidelines](#) on the NMBA website

² Located under [Codes and guidelines](#) on the NMBA website

³ Located under [Codes and guidelines](#) on the NMBA website

Agreement of supervisor

I confirm that I am/ am not (please delete as appropriate) currently supervising more than three supervisees for the NMBA.

(Please provide details of how adequate supervision is to be provided for all supervisees if proposing to supervise more than three)

I have/have not (please delete as appropriate) previously provided supervision for nurses/midwives (please delete as appropriate) where supervision is a requirement for registration. Please list names of previous nurses/midwives you have supervised.

I do/do not (please delete as appropriate) have a conflict of interest, such as a personal or business relationship with the supervisee. Please detail any potential conflict of interest.

I have read, understand and agree to be bound by each of the above statements.

Signature of principal supervisor: _____

Signature of secondary supervisor: _____

Name of principal supervisor: _____

Name of secondary supervisor: _____

Signature of additional secondary supervisor: _____

Name of additional secondary supervisor: _____

Section 3 – Agreement of supervisee

Agreement of supervisee
I have read and agree to comply with the responsibilities of supervisees.
I understand that I must: <ul style="list-style-type: none">• familiarise myself with my legal and professional responsibilities relevant to my supervised practice, and relevant to the registration type I have listed on the public register• familiarise myself with the NMBA <i>National competency standards/Standards for practice</i>⁴, <i>Code of ethics</i>⁵ and <i>Code of professional conduct</i>⁶ for my profession• abide by the responsibilities of supervisees as set out in the NMBA's supervision guidelines• inform my supervisor(s) at the outset of the supervision period of my experience, needs and circumstances/incidents relevant to the requirement that I practice under supervision• participate in assessments undertaken by my supervisor to assist in the determination of my capabilities, learning needs and progress• familiarise myself with safety policies and procedures relevant to my supervised practice, and supervised practice organisation, and comply with these• follow directions and instruction from my supervisor and ask questions to clarify where necessary• advise my supervisor of any uncertainties and incidents in relation to my practice during the period of supervision• reflect on and respond to feedback• provide honest and responsible information as required by the NMBA• immediately cease practice in the event of supervision becoming unavailable and notify the NMBA in writing within seven days
I do/do not (please delete as appropriate) have a potential conflict of interest, such as a personal or business relationship with my supervisor. Please detail any potential conflict of interest: _____

I have read, understand and agree to be bound by each of the above statements.

Signature of supervisee: _____ Name of supervisee: _____

Name of supervisor(s): _____

⁴ Located under [Codes and guidelines](#) on the NMBA website

⁵ Located under [Codes and guidelines](#) on the NMBA website

⁶ Located under [Codes and guidelines](#) on the NMBA website

Who do you send it to?

All documentation should be sent to the AHPRA office in your capital city, as listed on contact us section of the AHPRA website (www.ahpra.gov.au)

AHPRA Nursing & Midwifery Registrations GPO Box 9958 In your capital city (refer below)		You may contact the Australian Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au	
Sydney NSW 2001 Adelaide SA 5001	Canberra ACT 2601 Perth WA 6001	Melbourne VIC 3001 Hobart TAS 7001	Brisbane QLD 4001 Darwin NT 0801

For information on the Nursing and Midwifery Board of Australia refer to the website: www.nursingmidwiferyboard.gov.au