

 Health Professions Council of South Africa	<p>HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY</p> <p>UNDERTAKING BY SUPERVISOR REGARDING SUPERVISION</p>
---------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(To be completed by the supervising practitioner)

SUPERVISING PRACTITIONER	
Title, Initials and Surname	
Registration number	
Date of HPCSA registration	
Current employment	
Telephone Number	
Cell Number	
E-Mail Address	
Fax Number	
Short summary relating to relevant experience as supervisor	
Short outline of frequency of planned supervision	

CANDIDATE TO BE SUPERVISED	
Title (Mr, Mrs, etc.)	
Initials and Surname	
Registration Number	
Postal Address	
Telephone Number	
Cell Number	
E-Mail Address	

UNDERTAKING BY SUPERVISOR

I hereby confirm that I am registered for a period of more than two years in the same profession as the applicant, that I have had appropriate experience as supervisor and that I am available to supervise -

(Name of Candidate)

during the prescribed period of 6 months or a period equivalent to 1000 hours and to monitor performance and hours worked.

I am further aware that –

- The period of supervision can only commence once the Board Administration has confirmed that my appointment as supervisor has been approved by the relevant Committee
- The period of supervised practice aims to verify that practice competence has been maintained in order for restoration to independent practice to be granted
- I would be required to submit a duly completed “Supervisor Evaluation Report” (Form 18 D OCP Supervisory Report) to the Board Administration at the end of the period of supervised practice
- The Education Committee may request additional supporting documentation, such as:
 - a portfolio as per Form 18 E OCP Portfolio Guidelines
 - a duly completed “Portfolio following completion of period of supervised practice” as per Form 18 F OCP Portfolio
- I am aware that the report that I complete at the end of supervised practice will be made available to the candidate being supervised
- In terms of section 1 of the Ethical Rules of Conduct for Practitioners Registered Under The Health Professions Act, 1974 “Supervision” means the acceptance of liability by a supervising practitioner for the acts of another practitioner.

Signature

Date

FOR OFFICE USE

Submitted to the Committee for approval on

Approved

Not Approved

Comment, if any:

Chairperson of the Board	
Signature:	Date:
Name (Please Print)	

Chair: Education Committee	
Signature:	Date:
Name (Please Print)	

Profession Specific Member	
Signature:	Date:
Name (Please Print)	