

 <p>Health Professions Council of South Africa</p> <p>Form 18 B SLH</p>	<p>HEALTH PROFESSIONS OF SOUTH AFRICA PROFESSIONAL BOARD FOR SPEECH LANGUAGE AND HEARING PROFESSIONS UNDERTAKING BY SUPERVISOR REGARDING SUPERVISION</p>
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(To be completed by the supervising practitioner)

SUPERVISING PRACTITIONER	
Title, Initials and Surname	
Registration number	
Registered with the HPCSA since	
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 Applicant Supervisor)

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 C SLH Supervisory Report) to the Board Administration at the end of the period of supervised practice
- I am aware that the report that I complete at the end of supervised practice will be made available to the candidate being supervised

Signature

Date

FOR OFFICE USE

Submitted to the Committee for approval on

Approved

Not Approved

Comment, if any:

Chair: Education, Training and Registration Committee	
Signature:	Date:
Name (Please Print)	

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