

 <p>Health Professions Council of South Africa</p> <p>Form 18 C OCP</p>	<p><b>HEALTH PROFESSIONS OF SOUTH AFRICA</b> <b>PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS THERAPY</b></p> <p><b>UNDERTAKING BY SUPERVISOR REGARDING SUPERVISION</b></p>
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(To be completed by the supervising practitioner)

<b>SUPERVISING PRACTITIONER</b>	
Title, Initials and Surname	
Registration number	
Registered with the HPCSA since	
Current employment	
Telephone Number	
Cell Number	
E-Mail Address	
Fax Number	
<b>Short summary relating to relevant experience as supervisor</b>	
<b>Short outline of frequency of planned supervision</b>	

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

<b>UNDERTAKING BY SUPERVISOR</b>
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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 -

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(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
- If the report is not accepted by the Committee, I will be required to compile a portfolio as per Form 18 E OCP Portfolio Guidelines and submit 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

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**Signature**

**Date**

**FOR OFFICE USE**

Submitted to the Committee for approval on .....

**Approved**

**Not Approved**

Comment, if any:

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<b>Chairperson of the Board</b>	
Signature:	Date:
Name (Please Print)	

<b>Chair: Education Committee</b>	
Signature:	Date:
Name (Please Print)	

<b>Profession Specific Member</b>	
Signature:	Date:
Name (Please Print)	