Form 18 C OCP

HEALTH PROFESSIONS OF SOUTH AFRICA
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY,
MEDICAL ORTHOTICS AND PROSTHETICS AND ARTS
THERAPY
UNDERTAKING BY SUPERVISOR REGARDING SUPERVISION

(To be completed by the supervising practitioner)

<table>
<thead>
<tr>
<th>SUPERVISING PRACTITIONER</th>
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<tbody>
<tr>
<td>Title, Initials and Surname</td>
</tr>
<tr>
<td>Registration number</td>
</tr>
<tr>
<td>Registered with the HPCSA since</td>
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<tr>
<td>Current employment</td>
</tr>
<tr>
<td>Telephone Number</td>
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<tr>
<td>Cell Number</td>
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<tr>
<td>E-Mail Address</td>
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<td>Fax Number</td>
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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
- 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
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) ____________________________