**SECTION A. DETAILS OF REGISTRANT**

|  |  |
| --- | --- |
| Full Name |  |
| Division of Registration |  |
| Registration Number (if known) |  |
| Date of Birth |  |

**SECTION B. DETAILS OF SUPERVISOR**

|  |  |
| --- | --- |
| Full Name |  |
| Division of Registration |  |
| Registration Number |  |
| Date of Birth |  |
| Job Title |  |
| Description of supervisor’s role in organisation that is employing or training registrant |  |
|  |
|  |
|  |

**SECTION C. DETAILS OF EMPLOYMENT / POSTGRADUATE TRAINING / PUBLIC INTEREST ROLE / TEACHING POSITION / RESEARCH POSITION**

**What category of Limited registration is being sought?** [*Please tick relevant category]*

* **Public Sector Dental Workforce Scheme employment** (section 66 Limited registration for postgraduate training or supervised practice)
* **Postgraduate training** (section 66 Limited registration for postgraduate training or supervised practice)
* **Public Interest** (section 68 Limited registration in public interest)
* **Teaching position** (section 69 Limited registration for teaching or research)
* **Research position** (section 69 Limited registration for teaching or research)
* **Not applicable**

Describe the **location, duration and nature** of the registrant’s employment role or postgraduate training:

|  |  |
| --- | --- |
| Location |  |
| Duration |  |
| Description of registrant’s employment role /postgraduate training |  |

**SECTION D. DETAILS OF SUPERVISION ARRANGEMENT**

*Describe the type of supervision that is being proposed for the registrant*

1. What starting level of supervision do you propose for this registrant

* Level 1 - supervisor takes direct responsibility for patients
* Level 2 – supervisor and supervisee share responsibility for patients
* Level 3 – supervisee takes primary responsibility for their practice
* Level 4 – supervisee takes full responsibility for their practice

1. Scope of supervision

Describe the areas of dental practice that will be supervised

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Method of supervision

*Please complete this information in the table on the following page*

Examples include face to face (formal and informal); observation and written communication.

1. Schedule of supervision

*Please complete this information in the table on the following page*

Describe frequency of the different types of supervision and the length of time devoted to the different types of supervision. As the registrant gains experience in Australia, it is expected that there will be a requirement for less frequent supervision over time.

1. Type of supervision

*Please complete this information in the table on the following page*

List the types of supervision that the plan includes. Examples would include case review (discussion and/or observation of treatment provision); reflection on intervention approaches and techniques used; log book check; professional development needs identification and performance feedback/review.

1. If the registrant will be providing clinical care directly to patients, will a log book be used detailing patients that have been treated?

* **Yes**
* **No**

1. Describe any other aspects of the supervised practice plan that are relevant and have not yet been included

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If there is insufficient space in the table below please attach a separate sheet.*

|  |  |  |
| --- | --- | --- |
| **Method of supervision** | **Type of supervision** | **Supervision schedule** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION E. UNDERTAKINGS**

In signing this plan, the **supervisor** undertakes and agrees to comply with the requirements outlined in the Board’s Guidelines on Supervision for Dental Practitioners and:

* to carry out the supervision in the manner set out here
* to take reasonable steps to ensure the registrant is practising safely and is not placing the public at risk
* to observe the registrant’s work, conduct case reviews, periodically conduct performance reviews or other supervision activities as described in the plan or identified as required during the period of supervision and address any problems that are identified
* to notify the Board immediately if she or he has any concerns about the registrant’s clinical performance, health or failure to comply with the requirements of the terms of the limited registration or the ability of the supervisor to provide supervision as outlined in the supervised practice plan
* to inform the Board if she or he is no longer able to undertake the role of the registrant’s supervisor
* to provide supervision reports to the Board at ***1****,* ***3 or 12 monthly*** intervals [circle the relevant period; reporting frequency with level of supervision]

**Supervisor**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date | / / |

In signing this plan, the limited **registrant** undertakes and agrees to comply with the requirements outlined in the Board’s Guidelines on Supervision for Dental Practitioners and:

* to practise dentistry in accordance with the supervision requirements set out here
* to take reasonable steps to ensure she or he is practising safely by such measures as seeking assistance from other practitioners, cooperating in individual case reviews, periodic performance reviews with the supervisor and seeking remediation of identified problems
* to seek assistance if she or he has concerns about her or his own health, clinical performance or compliance with any conditions or undertakings
* to practise in accordance with the approved work arrangement
* to notify the Board immediately if she or he has concerns about the terms of the supervision arrangement
* to ensure that supervision reports are provided to the Board at ***1, 3 OR 12 monthly*** intervals (including at renewal) [circle the relevant period; reporting frequency with level of supervision]

**Registrant**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date | / / |