

Your Details:

July 2019 to June 2020

Name:		Contact Number:	
Membership Level:		Membership No.:	

Record of Supervision = Individual (I)/ Group (G)/ Peer (P):

Supervisor's Name:	1.	2.	3.
Contact Number:			
Contact email:			

Date	Type#	Hours*	Supervisor's No. & Signature	Date	Type#	Hours*	Supervisor's No. & Signature

Type – I = Individual, G = Group, P = Peer, SS = Supervision on supervising, MH = Mental Health.
 * Hours – Please show client hours as well as supervision hours related to this supervision session (i.e. 25|1)
 You will be asked to verify your supervision hours during an audit.

Record of Professional Development:

Date	Event	Hours	Presenter's Name & Qualifications	Type#	Cat	Points

Type – Regular PD, PDS – Supervision PD, PDMH – Mental Health Professional Development.
 You are required to do a minimum of 20 hours of CPD per year (15 hours to be Category A). Refer website for more details.
 Note: It is important that you do keep copies of certificates etc. to support your Professional Development when you are audited.