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| **Your Details** | | | |  | | | | | | | **July 2020 to June 2021** | | | | | |
| 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 No. & Name** | | | **Date** | | | **Type#** | | **Hours\*** | | | **Supervisor No. & Name** | |
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| # 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  Supervisor Name – can be typed in or signature. If typed, please have a letter from them to verify your supervision. | | | | | | | | | | | | | | | | |
| **Record of Professional Development** | | | | | | | | | | | | | | | | |
| **Date** | **Event** | | | | **Hours** | | | **Presenter’s Name / Organisation** | | | | | | | **Type#** | **Category** |
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| # 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 | | | | | | | | | | | | | | | | |

Note: Available on the website (ccaa.net.au) and can be typed into. June 2020