|  |  |  |
| --- | --- | --- |
| **Your Details** |  | **July 2023 to June 2024** |
| 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** |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
|       |       |   |   |       |       |       |   |   |       |
| # 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 auditSupervisor 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** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| # 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 (10 hours to be Category A). Refer to the website for details. Note: It is important that you do keep copies of certificates etc. to support your Professional Development and supervision hours when you are audited. |

**Note:** Available on the website ([ccaa.net.au](https://ccaa.net.au/for-members/forms-and-documents/)) and can be typed into.