



I will be the  Primary /  Secondary supervisor for:

Name of conditional / temporary AHP: \_\_\_\_\_

Designation: \_\_\_\_\_

Institution and Department: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Period of Supervision: Start date \_\_\_\_\_ (DD/MM/YY) –  
End date \_\_\_\_\_ (DD/MM/YY)

Supervision Level:  L1 /  L2 /  L3

**Current list of supervisees under my supervision:**

i.	_____ (Name)	<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary supervisor	<input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3
ii.	_____ (Name)	<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary supervisor	<input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3
iii.	_____ (Name)	<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary supervisor	<input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3
iv.	_____ (Name)	<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary supervisor	<input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3
v.	_____ (Name)	<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary supervisor	<input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3
vi.	_____ (Name)	<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary supervisor	<input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3
vii.	_____ (Name)	<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary supervisor	<input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3
viii.	_____ (Name)	<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary supervisor	<input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3
ix.	_____ (Name)	<input type="checkbox"/> Primary Supervisor <input type="checkbox"/> Secondary supervisor	<input type="checkbox"/> Conditional / <input type="checkbox"/> Temporary <input type="checkbox"/> L1 / <input type="checkbox"/> L2 / <input type="checkbox"/> L3

I \_\_\_\_\_ (name) declare that I am **not** personally related to the above mentioned supervisee and that he/she is **not** employed in a practice which is owned by any person whom he/she is personally related to. The information provided above is true to the best of my knowledge, and I have read the Supervised Practice Guidelines<sup>1</sup> and Code of Professional Conduct issued by the Allied Health Professions Council and undertake to comply with these guidelines.

<b>SIGNATURE OF SUPERVISOR</b>	<b>DATE</b>

**SECTION (B) : ACKNOWLEDGEMENT BY HEAD OF DEPARTMENT**

I confirm that the information provided is true to the best of my knowledge.

<b>NAME AND DESIGNATION</b>	<b>SIGNATURE</b>	<b>DATE</b>

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<sup>1</sup> The guidelines are available on AHPC website: <http://www.ahpc.gov.sg>. Please print a hardcopy for your own reference