



Direct supervision agreement

Veterinary Practitioners Registration Board of Victoria

Person to be supervised

Registration number			
Family name			
First name		Middle name	
Email address		Mobile	

Principal supervisor

Victorian registration number				
Family name		First names		
Email address		Mobile		
Practice name				
Practice address				
Suburb/Town		State		Postcode

Principal supervisor declaration

I, Dr _____ ,
veterinary practitioner registered in Victoria under registration number _____ ,
agree to undertake the **direct supervision** of Dr _____

☐ I have read the Board's policy, 'Supervision of veterinary practitioners' and I understand my responsibilities in providing direct supervision under that policy.

☐ I understand that when the person I am supervising is practising as a veterinary practitioner I must be present on the practice premises and accompany them to any off-site location they attend to provide veterinary services.

☐ The names of secondary supervisors who have agreed to assume direct supervision responsibilities when I am absent from the practice are listed on the next page. I confirm that these registered veterinary practitioners meet the minimum criteria for supervisors in the Board's supervision policy and have the necessary skills and experience to provide supervision.

☐ I will ensure that records are kept sufficient to identify which secondary veterinary practitioner was providing supervision at any given time during periods when I am absent from the practice.

Signature of principal supervisor	
Date	

Secondary supervisor declaration

I, Dr _____ ,
veterinary practitioner registered in Victoria under registration number _____ ,
agree to undertake the **direct supervision** of Dr _____
during any period their principal supervisor delegates supervision responsibilities to me.

Signature

Date

Secondary supervisor declaration

I, Dr _____ ,
veterinary practitioner registered in Victoria under registration number _____ ,
agree to undertake the **direct supervision** of Dr _____
during any period their principal supervisor delegates supervision responsibilities to me.

Signature

Date

Secondary supervisor declaration

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