



Indirect 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 **indirect supervision** of Dr _____

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

☐ I have explained to the person I will be supervising how they can consult me when they are practising, including after hours.

☐ The names of secondary supervisors who have agreed to assume indirect 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 **indirect 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 **indirect supervision** of Dr _____
during any period their principal supervisor delegates supervision responsibilities to me.

Signature

Date

Secondary supervisor declaration

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Date