

# Assessment Report from dapaanz Accredited Clinical Supervisor

## Provisional Registration

**Name of applicant:** \_\_\_\_\_ [\(print here\)](#)

In signing this document you,

- **Verify that the applicant demonstrates a reasonable level of capability in assessing and managing clinical presentations, in the context of their job description**
- **Endorse the applicant's competence in relation to AoD and/or PG competencies, outlined in the *Addiction Intervention Competency Framework (2011)***
- **Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics**
- **Understand you are endorsing the applicant's practice and have responsibility to advise dapaanz of any concerns you have at time of signing**
- **Confirm that the applicant has completed 6 months of competent, ethical, supervised addiction clinical practice over and above their course practicum.**

If you have any concerns about the Applicants' suitability to work as a practitioner, or if there is anything you think we should know when considering this application, please provide details in the space below.

**Name:**

**Signature:**

**Date:**