

Assessment Report from Supervisor

dapaanz Accredited Clinical Supervisor

Name of Applicant: _____ [\(print here\)](#)

In signing this document you,

- **Verify that the applicant demonstrates a reasonable level of capability in providing sound clinical supervision for addiction practitioners assessing, treatment planning, and managing clinical presentations, in complex and variable settings**
- **Endorse the applicant's competence in relation to AoD and/or PG competencies outlined in full in the *Addiction Intervention Competency Framework (2011)***
- **Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics**
- **Endorse the applicant's ability to understand and incorporate issues of social equity and into clinical practice**
- **Endorse the applicant's ability to incorporate current research findings and other sources of new knowledge into their supervision**
- **Understand you are endorsing the applicant's practice and have responsibility to advise dapaanz of any concerns you have at time of signing**

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

Name:

Signature:

Date: