Medical Board of Australia

Guidelines

1 May 2012

Supervised practice for limited registration

Scope

These guidelines apply to the registration of international medical graduates (IMGs) who are granted limited registration under the *Health Practitioner Regulation National Law Act* 2009 (National Law) as in force in each state and territory.

The approved registration standards for limited registration state that supervision is a requirement for all IMGs who are granted limited registration to practise in Australia. It remains a requirement of registration for the duration of the IMG's limited registration.

Purpose of supervision

Supervision provides assurance to the Medical Board of Australia (the Board) and the community that the registrant's practice is safe and is not putting the public at risk.

Supervision also monitors and supports the IMG throughout the period of limited registration when they are practising in Australia. The supervision introduces and encourages a culture of continuous learning and professional development.

Formal supervision processes enable the IMG's performance to be monitored and assessed within a structured framework. Performance review and feedback are important components of supervision. Feedback should describe the strengths of the IMG, areas that need development, and strategies that the IMG might employ to improve performance. Good supervision should enable the IMG to review and develop their practice in a constructive and supportive environment, and to develop and enhance their own knowledge, skills and professionalism.

In deciding the level of supervision that is necessary, the Board will take into consideration a range of factors that include:

- the specific position that the IMG has been offered, including the level of risk of the position
- the context of the practice
- the supports available and
- the qualifications, training and experience of the IMG.

During the period of limited registration, the Board will approve a principal supervisor and may approve co-supervisors depending on the employment arrangements. For instance, co-supervisors may be approved in a situation where an IMG is working in a junior rotating position within a health service.

At the end of the period of limited registration granted, and after considering the work performance report/s provided by the supervisor/s, the Board will determine whether the IMG is suitable for ongoing registration.

Principles of supervision

- A principal supervisor is appointed to oversee the supervision process and to assume responsibility for reporting to the Board. Co-supervisors may also be appointed in some circumstances
- The principal supervisor must have general or specialist registration
- The principal supervisor and any co-supervisors must:
    a) be appropriately qualified, preferably in the same field of medicine as the position proposed for the IMG. If the proposed supervisor or co-supervisors are not qualified in the same field of medicine as the proposed position for the IMG, the Board requires an explanation as to why supervision will not be undertaken by a person qualified in the same field of practice and how it is proposed that effective supervision will be undertaken.
    b) not have conditions imposed on their registration or undertakings accepted by the Board as a result of health, performance or conduct issues
    c) not be a relative or domestic partner of the limited registrant
    d) not be an employee of the limited registrant
- The Board may not grant approval or may revoke approval for a supervisor, if it receives a notification of a serious allegation about the supervisor's health, performance or conduct
- The principal supervisor and any co-supervisors must be approved by the Board
- The Board will not normally approve any practitioner to have direct supervisory responsibility for more than four doctors. Any prospective supervisors who are proposing to supervise more than four doctors must provide a proposal to the Board about how they will provide supervision to each registrant
- There may be circumstances, for example in a hospital setting, where the Director of Medical Services (or equivalent) or Director of Clinical Training may take responsibility for appointing a term supervisor for the limited registrant. If this is the case, the Director of Medical Services (or equivalent) or Director of Clinical Training appointed as principal supervisor is exempt from providing:
    - an explanation as to why they are not qualified in the same field of medicine as the proposed position for the IMG and
    - a proposal to the Board about how they will provide supervision to more than four doctors.

  However, they must ensure that the term supervisor/s meets the requirements that are defined in this guideline.
- The work performance report is to be completed and signed jointly by the principal supervisor and any co-supervisors responsible for direct supervision during the period of supervised practice
- The principal supervisor must confirm their agreement to provide supervision as prescribed by the Board for the duration of the period of limited registration or until changed by the Board.

Supervision – formal and informal

1. Formal supervision

This is regular protected time that is specifically scheduled and that enables in-depth discussion of, and reflection on clinical practice. It may include:

- review and feedback on performance identifying strengths and weaknesses and performance issues
- observation of practical skills including procedural skills and patient interaction
- discussion of difficult or unusual cases
- discussion of cultural and management issues
- medical record reviews

The supervisor needs to be satisfied that the IMG is developing the following clinical competencies and if they have not yet achieved them fully, that the IMG's practice is being supervised sufficiently closely to ensure that they are providing safe care. The competencies include:

- how to assess a patient accurately and recognise the sick patient

- how and when to refer a patient
- safe prescribing
- appropriate ordering of investigations and interpreting results of those investigations
- screening protocols
- treatment and management protocols
- communicates effectively with patients, families and other staff and
- understands relevant legislation.

2. Informal supervision

This is the day to day communication and interaction providing advice, guidance and support as and when necessary.

Supervision responsibilities

Supervision is a requirement of limited registration. The Board imposes obligations on the IMG, their supervisor and the IMG's employer.

Responsibilities of the IMG include to:

- take responsibility for setting up a schedule of regular meetings and make all reasonable efforts to ensure that these meetings take place
- set supervision and development goals, together with the supervisor
- contact their supervisor early if they have a problem
- recognise the limits of their professional competence and seek guidance and assistance from their supervisor
- inform the Board if the conditions or requirements of their supervision are not being met. For example, if the supervisor is unable to provide the necessary level of supervision.

Responsibilities of the supervisor include to:

- ensure as far as is possible, that the IMG is practising safely and is not placing the public at risk
- observe the IMG's work, conduct case reviews, periodically conduct performance reviews and provide constructive feedback
- address any problems that are identified
- notify the Board immediately if they have concerns that the IMG's performance, conduct or health is placing the public at risk
- notify the Board immediately if the IMG is not complying with conditions imposed or undertakings accepted by the Board or is in breach of any requirements on registration
- verify that the IMG is practising in accordance with work arrangements approved by the Board and report to the Board if the IMG is not doing so
- obtain approval of the Board for any proposed changes to registration conditions or requirements before they are implemented
- inform the Board if he or she is no longer able or willing to provide supervision
- ensure that when delegating day to day supervision to other medical practitioners, these supervisors have either general registration or specialist registration and have the skills and experience to supervise the limited registrant effectively
- provide work performance reports to the Board in the approved form at intervals determined by the Board
- agree to provide supervision at a level determined by the Board
- be clear about how they can be contacted by the IMG when the IMG is practising, during working hours and after hours.

Responsibilities of the employer include to:

- ensure supervision is provided according to the supervisor's agreement
- facilitate the provision of protected time for the IMG and supervisor to enable the formal supervision requirements to be met
- ensure the IMG is adequately oriented to organisational policies and procedures
- advise the Board of any concerns about the IMG if they form the opinion that there is a risk to the public that they cannot adequately address by implementing local measures.

Supervision levels

The levels of supervision are designed to ensure that the practice of the IMG is safe.

The level of supervision that is required will depend upon a number of factors that include:

- qualifications of the IMG
- previous experience, especially in the type of position for which the IMG has applied
- position description – the requirements of the position
- the position itself, including the level of risk, the location of practice and the availability of supports.

Level 1 supervision

The supervisor takes direct and principal responsibility for individual patients

a) The supervisor must be physically present at the workplace at all times when the IMG is providing clinical care.
b) The IMG must consult their supervisor about the management of all patients
c) Supervision via telephone contact is not permitted.

The supervisor is required to submit an assessment of the IMG's performance in the form of a report to the Board at the completion of the first three months of the IMG's employment (or earlier if requested by the Board) and the Board may direct that Level 1 supervision must continue to apply for a specific period or the Board may direct that supervision shall be provided at one of the following levels:

Level 2 supervision

The supervisor shares with the IMG responsibility for individual patients. The supervisor is responsible for ensuring that the level of responsibility that the IMG is allowed to take for patient management is based on the supervisor's assessment of the IMG's knowledge and competence.

a) The IMG must inform their supervisor at agreed intervals about the management of individual patients
b) If the approved supervisor is absent from medical practice, a medical practitioner with general registration and/or specialist registration must provide oversight.
c) Supervision must be primarily in person. Where the supervisor is not physically present, they must always be accessible by telephone.

Level 3 supervision

The IMG takes primary responsibility for individual patients**.**

a) The supervisor must ensure that there are mechanisms in place for monitoring whether the IMGs is practising safely
b) The IMG is permitted to work alone provided that the supervisor is contactable by phone
c) The IMG can provide on-call and after hours services.

Level 4 supervision

The IMG takes full responsibility for individual patients

a) The approved supervisor must oversee the IMG's practice

b) The approved supervisor must be available for consultation if the IMG requires assistance.
c) The approved supervisor must periodically conduct a review of the IMG's practice.

The supervision levels that are described above are suited to the general practice environment. However, they may be less relevant for hospital-based positions which often have well established supervision structures in place. If the levels above do not adequately describe the level of supervision that is proposed for a hospital-based position, the Board will consider other supervision structures.

Reporting requirements

The Board may change the level of supervision that applies to an IMG's practice at any time during a period of limited registration.

The supervisor must provide a report to the Board after the initial three month period of employment that confirms whether the IMG:

- is safe to practise in the supervised practice position that was approved by the Board in the initial application
- has completed an orientation to the Australian healthcare system that addresses the requirements detailed in the Australian Medical Council Orientation Guidelines.

After the first three-month report, a report is to be provided at the time that an application is made for renewal of or application for registration and then annually thereafter unless otherwise directed by the Board.

The Board may require more frequent reports when there are concerns about the IMG's performance that might potentially result in risk to the safety of the public.

Reports for medical practitioners who are not in the specialist pathway will be in the format specified by the Board which includes an IMG self assessment for comparison with the supervisor assessment.

Medical practitioners who are in the specialist pathway should follow the supervision and feedback requirements that are defined by the specialist college. The Board will accept work reports in the format specified by the relevant specialist college in lieu of the forms in a format specified by the Board.

Supervised Practice Plan and Principal Supervisor's Agreement

This supervised practice plan and supervisor's agreement form is to be completed by the supervisor and applicant for limited registration when:

1. applying for limited registration
2. applying for renewal of limited registration and
3. seeking approval to change current supervised practice arrangements.

A. Applicant/Registrant details

Family (legal) name:	
First given name:	
Registration number (if registered):	
Position/title:	
Name of employing organisation:	
Locations at which the applicant/registrant will be practising:	
Daytime telephone number:	
Email address:	

B. Details of proposed principal supervisor

If the proposed supervisor is not qualified in the same field of medicine as the proposed position for the applicant/registrant, please provide a written explanation as to why supervision will not be undertaken by a person qualified in the same field of practice and how it is proposed that effective supervision will be undertaken.

Directors of Medical Services or Directors of Clinical Training (or equivalent) who are approved as principal supervisors and who take responsibility for appointing term supervisor/s for limited registrants are exempt from this requirement, but must ensure that each term supervisor is qualified in the relevant field of medicine for each of the terms of the proposed position for the applicant/registrant.

Family (legal) name:	
First given name:	
Registration number:	
Qualification/s:	
Position/Title:	
Organisation name:	
Organisation location/s:	
Daytime telephone number:	
Email address:	

Name(s) and registration number(s) of other registrants currently supervised by nominated principal supervisor.

The Board's ***Guidelines: Supervised practice for limited registration*** state that the Board will not normally approve any practitioner to have direct supervisory responsibility for more than four doctors. Any prospective principal supervisors who are proposing to supervise more than four doctors must provide a proposal to the Board about how they will provide supervision to each applicant/registrant.

Directors of Medical Service or Directors of Clinical Training (or equivalent) who are approved as principal supervisors, and who take responsibility for appointing term supervisor/s, will ensure that in delegating supervision that term supervisor/s will not supervise more than four registrants at a time. Otherwise they are required to provide a proposal to the Board about how they will provide supervision to each registrant.

Name		Registration number	
Name:		Registration number	
Name:		Registration number	
Name:		Registration number	

C. Details of proposed secondary or co-supervisor(s)

The Board accepts that there may be circumstances, for example in a hospital setting, where the Director of Medical Services or Director of Clinical Training (or equivalent) may take responsibility for appointing a term supervisor for the limited registrant or delegate day to day supervision of practice of a limited registrant to nominated and qualified secondary supervisors. If this is the case, the Director of Medical Services or Director of Clinical Training (or equivalent) may be exempt from the need to complete this section but must confirm that any supervisor/s appointed meet the requirements defined in the guidelines.

The Board expects principal supervisors to be responsible for the adequate supervision of limited registrants whether or not secondary supervisors have been nominated to supervise the day to day practice of limited registrants. The principal supervisor is expected to sign off any supervision monitoring reports required by the Board.

Family (legal) name:	
First given name:	
Registration number:	
Qualification/s:	
Position/title:	
Organisation name:	
Organisation location/s:	
Daytime telephone number:	
Email address:	

Family (legal) name:	
First given name:	
Registration number:	
Qualification/s:	
Position/title:	
Organisation name:	
Organisation location/s:	

Daytime telephone number:	
Email address:	

Details of proposed secondary or co-supervisor(s) continued

Family (legal) name:	
First given name:	
Registration number:	
Qualification/s:	
Position/title:	
Organisation name:	
Organisation location/s:	
Daytime telephone number:	
Email address:	

D. The proposed supervised practice plan

ALL SECTIONS MUST BE COMPLETED

Please ensure the details of the supervised practice plan are completed by the principal supervisor together with the applicant/registrant.

Use the space below or attach your own supervised practice plan which includes these elements.

1. Learning objectives and recommended training/further professional development

2. Frequency of meetings with principal supervisor and type of meetings (i.e. face to face, teleconference etc)

3. Availability of other senior staff/supervisor/s for assistance. How will the applicant/registrant seek assistance (eg face to face, telephone etc)

4. How will the applicant's/registrant's performance be assessed? (eg direct observation of practice, medical record reviews, case reviews etc.

Signatures

Applicant's/Registrant's Signature: _____ Date: _____
(day/month/year)

Applicant's/Registrant's Name: _____
(please print)

Principal Supervisor's Signature: _____ Date: _____
(day/month/year)

Principal Supervisor's Name: _____
(please print)

E. Principal Supervisor's agreement

I agree to be the principal supervisor of _____

(print name of applicant/registrant)

I confirm that I can provide the following levels of supervision. I understand that the level of supervision will be determined by the Board.

☒ **Please mark the relevant boxes**

Refer to the ***Guidelines: Supervised practice for limited registration*** for a full description for each level of supervision.

☐ **Level 1** – the supervisor takes direct and principal responsibility for individual patients

☐ **Level 2** – the supervisor shares with the applicant/registrant responsibility for individual patients

☐ **Level 3** – the applicant/registrant takes primary responsibility for individual patients

☐ **Level 4** – the applicant/registrant takes full responsibility for individual patients

If the above supervision levels are not applicable, describe supervision levels/structures for hospital based positions.

I further agree to:

a. ensure as far as possible, that the applicant is practising safely and is not placing the public at risk

b. observe the applicant's work (or in settings where applicable, delegate the observation of day to day work to appropriately qualified secondary supervisors), conduct case reviews, periodically conduct performance reviews and address any problems that are identified

c. ensure that before delegating the day to day supervision to other medical practitioners, they have either general and/or specialist registration and are appropriately experienced to provide the supervision

d. notify the Board immediately if I have concerns about the applicant's clinical performance, health or conduct or if the applicant fails to comply with conditions, undertakings or requirements of registration

e. ensure that the applicant practises in accordance with work arrangements approved by the Board

f. ensure that Board approval has been obtained for any proposed changes to work arrangements before they are implemented

g. inform the Board if I am no longer able or willing to undertake the role of the applicant's supervisor

h. provide work performance reports to the Board in a form approved by the Board at the end of the third month after initial registration and at subsequent intervals as determined by the Board

i. ensure that any other supervisors that I appoint meet the requirements defined in the Board's guidelines. **(This is only relevant to Directors of Medical Services (or equivalent) or Directors of Clinical Training in a hospital setting).**

Principal Supervisor's Signature: _____ Date: _____
(day/month/year)

Principal Supervisor's Name: _____
(please print)

Send the completed supervised practice plan and supervisor agreement with the applicant's application form for limited registration to:

Mail: AHPRA
G.P.O. Box 9958
In your capital city

In person: Attend your local State or Territory AHPRA office.

Orientation Report

Complete this orientation report

- after the first three months of initial registration, and
- in addition to a work performance report

Name of registrant:	
Registration number:	
Dated commenced in approved position:	

☒ **Mark off each section when covered**

General

Doctors should be familiar with the structure of the Australian health care system and the roles of the various bodies with which contact would occur or which have particular areas of responsibility.

Orientation to the Australian Healthcare system

☐ Structure and funding of the Australian healthcare system, interface between private and public health services

☐ State department of Health, Department of Veterans Affairs, Medicare Australia, Workcover Authority

☐ Medical Board of Australia — registration, professional performance, conduct and health assessment and monitoring relevant under the *Health Practitioner Regulation National Law Act* as in force in each state and territory

☐ Provider and Prescriber numbers

☐ Prescribing — Pharmaceutical Benefits Scheme, authority prescriptions, therapeutic guidelines

☐ Doctor/s Bag — legal, requirements relating to S8 prescribing, drugs of dependence

☐ Referral System — pathology, radiology, other specialists, allied health services, hospital emergency departments, Ambulance Service, community services, local support groups. The employer should provide a list of service providers and their contact details

☐ Other contact phone numbers — supervisors, interpreter service, drugs and poisons information service

Orientation to the hospital/practice

- ☐ Policy and Procedures Manual — including infection control, patient confidentiality, clinical records, complaint processes
- ☐ IT systems e.g. prescribing, pathology and radiology ordering and reporting
- ☐ Australian Medical Association (AMA), specialist colleges, Postgraduate Medical Councils
- ☐ Infection control
- ☐ Occupational health and safety

Orientation to legislation and professional practice

- ☐ Legislative framework governing practice in state or territory, including the Coroner's Act
- ☐ Litigation and indemnity
- ☐ Patient rights and responsibilities, patient complaints
- ☐ Patient consent and adolescent autonomy
- ☐ Access to health/medical records
- ☐ Organ transplantation

Professional development

- ☐ Medical education and training, and access to clinical publications
- ☐ Therapeutic Guidelines, Australian Medicines Handbook, RACGP Guidelines, Cochrane Database

Cultural diversity and social context of care

- ☐ Cultural awareness and respect
- ☐ Australian society, including multiculturalism, the status of women, children and the elderly
- ☐ Aboriginal and Torres Strait Islander culture
- ☐ Suspected child abuse and domestic violence
- ☐ Drug seeking patient
- ☐ Doctor / patient relationship

Other topics included in initial orientation:

Signatures

Applicant's/Registrant's Signature: _____ Date: _____
(day/month/year)

Applicant's/Registrant's Name: _____
(please print)

Principal Supervisor's Signature: _____ Date: _____
(day/month/year)

Principal Supervisor's Name: _____
(please print)

If relevant, co-supervisor's signatures

Co-supervisor's Signature: _____ Date: _____
(day/month/year)

Co-supervisor's Name: _____
(please print)

Co-supervisor's Signature: _____ Date: _____
(day/month/year)

Co-supervisor's Name: _____
(please print)

Work performance report for limited registration

Completing this form

This form is to be completed by the international medical graduate with limited registration and their Board approved supervisor/s at intervals as specified by the Board. This is usually at three months after initial registration and then at application of renewal of registration thereafter (usually annually).

Instructions for the limited registrant

- You should complete this form first. This enables you to identify your strengths and areas for further improvement.
- Using the criteria listed at the top of the columns, complete the form by **initialing** each box which you believe best describes your performance for each statement. Once completed, give the form to your supervisor to complete. You must discuss this review with your approved supervisor and co-supervisors and at the end of the feedback session sign the form before sending it to the Board.

Instructions for the approved supervisor/s

- Consult the appraisal criteria listed at the top of the columns and **initial** the appropriate "supervisor" box which best describes the performance of this doctor. Consider input from other co-supervisors of the limited registrant to ensure that a thorough and accurate assessment is made. **The performance should be compared to the expected performance for this level of position.**
- You may wish to seek input into the assessment from other clinical and administrative staff (including previous supervisors/co-supervisors who should be listed on this form), who may be more familiar with some aspects of the limited registrant's performance.
- Arrange a mutually agreed time to meet with the limited registrant and discuss the review.
- Complete the 'recommendation' section.
- Both you and the limited registrant being supervised must sign the form at the end of the feedback session and the form must be sent to the Board.

Work performance report for limited registration

A. Applicant/Registrant details

Registrant's family (legal) name:				
Registrant's first given name:				
Registration number:				
Assessment period:	From:		To:	
Position held:				
Name of hospital/practice/unit:				
Locations at which the applicant/registrant has been practising:				

Principal supervisor's details

Principal Supervisor's name:	
Registration number:	

Co-supervisors details

Co-supervisor's name:	
Registration number:	
Co-supervisor's name:	
Registration number:	
Co-supervisor's name:	
Registration number:	

Describe the nature and level of the supervision (e.g. direct supervision or contact hours per day/week, case review and level 1, 2, 3 or 4 if relevant):

B. Performance

CRITERIA Initial the box under each category that best describes the registrant's performance		**1** Performs consistently well below the level expected	**2** Performs consistently below the level expected	**3** Performs consistently at the level expected	**4** Performs consistently above the level expected
Clinical Management					
Obtains and documents a comprehensive patient history	Registrant				
	Supervisor				
Performs and documents appropriate physical examination	Registrant				
	Supervisor				
Critically assesses information, identifies major issues, makes timely and appropriate decisions and acts upon them	Registrant				
	Supervisor				
Requests, follows up and interprets appropriate investigations and revises management plans as necessary	Registrant				
	Supervisor				
Recognises and manages appropriately emergencies that arise when managing patients	Registrant				
	Supervisor				
Plans appropriately for the discharge of patients (where relevant) including completing a discharge summary satisfactorily	Registrant				
	Supervisor				
Performs procedures safely and within his/her competence and defined scope of practice	Registrant				
	Supervisor				

CRITERIA Initial the box under each category that best describes the registrant's performance		**1** Performs consistently well below the level expected	**2** Performs consistently below the level expected	**3** Performs consistently at the level expected	**4** Performs consistently above the level expected
Communication					
Communicates effectively with patients and their families	Registrant				
	Supervisor				
Uses interpreters where necessary	Registrant				
	Supervisor				
Communicates effectively with other members of the health care team	Registrant				
	Supervisor				
Communicates effectively with professional colleagues. This includes communication with general practitioners for the handover, referral and transfer of patients	Registrant				
	Supervisor				
Clearly documents patient care, maintains complete and timely medical records /progress reports	Registrant				
	Supervisor				

CRITERIA Initial the box under each category that best describes the registrant's performance		**1** Performs consistently well below the level expected	**2** Performs consistently below the level expected	**3** Performs consistently at the level expected	**4** Performs consistently above the level expected
Professionalism					
Shows compassion for patients and sensitivity to their culture, ethnicity and spiritual issues	Registrant				
	Supervisor				
Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues including an awareness of appropriate doctor/patient boundaries	Registrant				
	Supervisor				
Able to recognise limitations in his/her practice and request assistance when necessary	Registrant				
	Supervisor				
Shows honesty at all times in their work, puts patient welfare ahead of personal consideration and accepts responsibility for own actions	Registrant				
	Supervisor				
Known the limits of own competence and functions within those capabilities, seeks advice and assistance when appropriate, accepts feedback	Registrant				
	Supervisor				
Shows a resourceful attitude towards continuing education to enhance quality of care; participates actively in a CPD program	Registrant				
	Supervisor				

CRITERIA Initial the box under each category that best describes the registrant's performance		**1** Performs consistently well below the level expected	**2** Performs consistently below the level expected	**3** Performs consistently at the level expected	**4** Performs consistently above the level expected
Safe Practice					
Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely	Registrant				
	Supervisor				
Demonstrates knowledge of infection control principles, and safe practice in relation to blood borne infections, in patient care	Registrant				
	Supervisor				
Recognises and correctly reports adverse incidents	Registrant				
	Supervisor				

C. Comments and future development plans

Strengths

Weaknesses

List the issues to be addressed – i.e. addressing weaknesses and development needs

(The principal supervisor **must** complete this section)

Issue	Actions/Tasks to address issue (including time frame)	Review Date

D. Recommendations

Recommendations (to be completed by principal supervisor)

Registrant suitable for ongoing registration ☐ Yes ☐ No

Signatures

Applicant's/Registrant's Signature: _____ Date: _____
(day/month/year)

Applicant's/Registrant's Name: _____
(please print)

Principal Supervisor's Signature: _____ Date: _____
(day/month/year)

Principal Supervisor's Name: _____
(please print)

If relevant, co-supervisor's signatures

Co-supervisor's Signature: _____ Date: _____
(day/month/year)

Co-supervisor's Name: _____
(please print)

Co-supervisor's Signature: _____ Date: _____
(day/month/year)

Co-supervisor's Name: _____
(please print)