

**MASTER OF NURSING (NURSE PRACTITIONER)  
CLINICAL SUPERVISOR REGISTRATION**

Thank you for agreeing to be a clinical supervisor for a JCU Nurse Practitioner student. Please complete the following details, sign and return to the Nurse Practitioner student applicant for submission to JCU.

<b>1. JCU Student Applicant Name</b>			
<b>2. Clinical Supervisor Title &amp; Full Name</b>			
<b>3. Email</b>			
<b>4. Telephone</b>			
<b>5. Health Facility</b>			
<b>6. Current AHPRA Registration</b> <i>NB: JCU will conduct AHPRA registration search)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Medical Practitioner</td> <td style="width: 50%; text-align: center;">Nurse Practitioner</td> </tr> </table>	Medical Practitioner	Nurse Practitioner
Medical Practitioner	Nurse Practitioner		
<b>7. Current Position</b>			
<b>8. Qualifications</b>			
<b>9. Current Responsibilities</b>			
<b>10. Work History</b> <i>Please list previous posts – teaching and clinical)</i>			
<b>11. Other Relevant Information</b>			
<b>12. Model of Clinical Supervision</b>	<p>As the Clinical Supervisor of the Nurse Practitioner student you will be expected to support them through their studies. This includes observing and assessing their clinical practice on a regular basis, discussing strengths and weaknesses and offering suggestions for development and/or modification of practice and attitudes. In addition to the regular supervisory contact, it is expected supervisors and students would meet on a fortnightly basis at a minimum. The types of activities that may occur during this time include the presentation of cases (both long and short), the formulation of development plans, completion of progress and assessment forms and general support for the student as they explore what will be new professional territory. You will also be required to offer suggestions and support the student Nurse Practitioner in their role development and other professional experiences throughout their studies.</p>		

**SIGNED** by the **CLINICAL SUPERVISOR**

**Signature:**

**Date:**

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