

ATTENDANCE OF EXTERNAL TRAINING FOR RESEARCH SUPERVISORS

As a Registered Supervisor of Victoria University, I have undertaken the following external program listed hereunder to meet the two-hour requirement for re-registration:

SUPERVISOR DETAILS:

Name & Contact Details: _____

Faculty: _____

PROGRAM DETAILS:

Number of Hours : _____

Name of Program: _____

Contact Name
of Facilitator: _____

Program Date & Place of
Attendance: _____

[Proof may include receipt, email verification, letter of attendance or copy of program]

A short statement on how the Program was beneficial to you to enable you to maintain and develop your professional practice as a supervisor at VU.

Name: _____ Signature: _____ Date: _____

APPROVED BY:

Signature of Associate Dean (R&RT): _____ Date: _____

Submit Completed Form to the Faculty Advice Officer.