



# ASAR

Australian Sonographer  
Accreditation Registry

## Form 4-2

### ASAR Return to Clinical Practice Supervisor Consent Form



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Australian Sonographer Accreditation Registry Limited

PO Box 8323 Baulkham Hills BC NSW 2153

Telephone: (02) 8850 1144, Facsimile: (02) 8850 1177, Email: [registry@asar.com.au](mailto:registry@asar.com.au), Website: [www.asar.com.au](http://www.asar.com.au)



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## Category 2P Application

Surname

Given Names

Date of Original Application

(DD.MM.YY)

Nominated Supervisor name

Supervisor's Qualification

Supervisor's AMS number

Department

Address

Phone

Email

I have read and understood the Return to Clinical Practice guidelines and I wish to accept the role of clinical supervisor for the student listed above.

Supervisor Name

Supervisor Signature

NB. Submission of this form via email will count as a digital signature

Date:

(DD.MM.YY)



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## How to submit this form

Please follow this simple guide to submit your form

1. Save form to your local drive
2. Fill out the form on screen or print the form and fill it out by hand
3. Choose your method of submission:

→ Send via fax to: 02 8850 1177

→ Send by Post to: The Secretariat  
Australian Sonographer Accreditation Registry Limited  
PO Box 8323  
Baulkham Hills BC  
NSW 2153, Australia