



ASAR

Australian Sonographer
Accreditation Registry

Form 4-2

ASAR Return to Clinical Practice Supervisor Consent Form



Australian Sonographer Accreditation Registry Limited
PO Box 331, Goodwood, SA 5034
Email: registry@asar.com.au, Telephone: 1300 151 522, Website: www.asar.com.au

Issue 1 | Version 2 | ASAR RCP Supervisor Consent | 30 April 2014



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:

→ Email form as attachment by clicking here:

→ Manually attach form to an email and send to: registry@asar.com.au