



dapaanz

fostering excellence in addiction practice

Assessment Report from dapaanz Accredited Clinical Supervisor

Please find Assessment forms for different member categories on the following pages:

Page 2 – Registered Practitioner

Page 3 – Provisional Practitioner

Page 4 – Endorsed Support Worker

Page 5 – Associate Practitioner

Page 6 – Accredited Clinical Supervisor

Page 7 – Accredited Clinical Supervisor and Registered Practitioner

Please select the member category that applies to the applicant, then read and sign the Assessment Report on the relevant page.

Thank you.



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Assessment Report from dapaanz Accredited Clinical Supervisor Registered Practitioner

Name of applicant: _____

In signing this document, I

- Verify that the applicant demonstrates a reasonable level of capability in assessing and managing clinical presentations, in the context of their job description
- Endorse the applicant's competence in relation to AOD and/or PG competencies, outlined in full in the Addiction Intervention Competency Framework (2011)
- Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics
- Understand I am endorsing the applicant's practice and have responsibility to advise dapaanz of any concerns I have at time of signing.

I include any concerns about the applicants' suitability to work as a practitioner, or anything else I think dapaanz should know when considering this application, below.

Supervisor Name:

Signature:

Date:

Once completed, please return via email with other application or renewal documents to: registrar@dapaanz.org.nz



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Assessment Report from dapaanz Accredited Clinical Supervisor Provisional Practitioner

Name of applicant: _____

In signing this document, I

- Verify that the applicant demonstrates a reasonable level of capability in assessing and managing clinical presentations, in the context of their job description
- Endorse the applicant's competence in relation to AOD and/or PG competencies, outlined in full in the Addiction Intervention Competency Framework (2011)
- Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics
- Understand I am endorsing the applicant's practice and have responsibility to advise dapaanz of any concerns I have at time of signing
- Confirm that the applicant has completed six months of competent, ethical, supervised addiction clinical practice over and above their course practicum.

I include any concerns about the applicants' suitability to work as a practitioner or anything else I think dapaanz should know when considering this application, below.

Supervisor Name:

Signature:

Date:

Once completed, please return via email with other application or renewal documents to: registrar@dapaanz.org.nz



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Assessment Report from dapaanz Accredited Clinical Supervisor Endorsement as a Support Worker

Name of applicant: _____

In signing this document, I

- Verify that the applicant demonstrates a reasonable level of capability in working as a competent support worker, in the context of their job description
- Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics
- Understand you are endorsing the applicant's practice and have responsibility to advise dapaanz of any concerns you have at time of signing.

I include any concerns about the applicants' suitability to work as a support worker, or anything else I think dapaanz should know when considering this application, below.

Supervisor Name:

Signature:

Date:

Once completed, please return via email to, registrar@dapaanz.org.nz



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fostering excellence in addiction practice

Assessment Report from dapaanz Accredited Clinical Supervisor Associate Practitioner

Name of applicant: _____

In signing this document, I

- Verify that the applicant demonstrates a reasonable level of capability in assessing and managing clinical presentations, in the context of their job description
- Endorse the applicant's competence in relation to AOD and/or PG competencies, outlined in full in the Addiction Intervention Competency Framework (2011)
- Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics
- Understand I am endorsing the applicant's practice and have responsibility to advise dapaanz of any concerns I have at time of signing.

I include any concerns about the applicants' suitability to work as a practitioner, or anything else I think dapaanz should know when considering this application, below.

Supervisor Name:

Signature:

Date:

Once completed, please return via email to, registrar@dapaanz.org.nz



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fostering excellence in addiction practice

Assessment Report from dapaanz Accredited Clinical Supervisor dapaanz Accredited Clinical Supervisor

Name of applicant: _____

In signing this document, I

- Verify that the applicant demonstrates a reasonable level of capability in providing sound clinical supervision for addiction practitioners assessing, treatment planning, and managing clinical presentations, in complex and variable settings
- Endorse the applicant's competence in relation to AOD and/or PG competencies, outlined in full in the Addiction Intervention Competency Framework (2011)
- Endorse the applicant's ability to understand and incorporate issues of social equity and into clinical practice
- Endorse the applicant's ability to incorporate current research findings and other sources of new knowledge into their supervision
- Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics
- Understand I am endorsing the applicant's practice and have responsibility to advise dapaanz of any concerns I have at time of signing.

I include any concerns about the applicants' suitability to work as a clinical supervisor, or anything else I think dapaanz should know when considering this application, below.

Supervisor Name:

Signature:

Date:

Once completed, please return via email to, registrar@dapaanz.org.nz



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fostering excellence in addiction practice

Assessment Report from dapaanz Accredited Clinical Supervisor

dapaanz Accredited Clinical Supervisor and Registered Practitioner

Name of applicant: _____

In signing this document, I

- Verify that the applicant demonstrates a reasonable level of capability in providing sound clinical supervision for addiction practitioners assessing, treatment planning, and managing clinical presentations, in complex and variable settings
- Endorse the applicant's ability to understand and incorporate issues of social equity and into clinical practice
- Endorse the applicant's ability to incorporate current research findings and other sources of new knowledge into their supervision
- Verify that the applicant demonstrates a reasonable level of capability in assessing and managing clinical presentations, in the context of their job description
- Endorse the applicant's competence in relation to AOD and/or PG competencies, outlined in full in the Addiction Intervention Competency Framework (2011)
- Confirm the applicant works safely, ethically, and adheres to the dapaanz Code of Ethics
- Understand I am endorsing the applicant's practice and have responsibility to advise dapaanz of any concerns I have at time of signing.

I include any concerns about the applicants' suitability to work as a clinical supervisor as well as a practitioner, or anything else I think dapaanz should know when considering this application, below.

Supervisor Name:

Signature:

Date:

Once completed, please return via email to, registrar@dapaanz.org.nz