

Supervised Declaration

Submission of your completed Supervisors Declaration is the final requirement prior to The Benchmark Group issuing you with your Nationally Accredited Statement of Attainment.

As a Participant, you are required to complete five (5) procedures of Intravenous Cannulation with supervision being provided by a peer. A peer must be at equal qualification or above. After two (2) successive failures you should seek a more experienced practitioner.

As a Supervisor, you are required to briefly review the course material for the individual prior to supervising the procedure.

The completed form must be returned to The Benchmark Group at:

Fax - 1300 855 572

Post - 46 Dover Street, Cremorne, Victoria, 3121

Email - courses@benchmarkgroup.com.au

Once the declaration is complete - please COPY this page for return to our office. It is important to keep this signed document as part of your course notes.

Participant Name:

Date:

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- o This is to confirm that I have reviewed the course materials for Perform Intravenous Cannulation for Sample Collection HLTPAT409D*
 - o Have supervised the above candidate performing the required practice*
 - o I am satisfied that the requirements of the supervised practice have been met.*

Supervisor's details:

Name:

Designation:

Place of Supervised Practice:

Signature:

Date: