Department of
Health & Human Services

50 Lonsdale Street
Melbourne Victoria 3000
Telephone: 1300 650 172
GPO Box 4057
Melbourne Victoria 3001
www.dhhs.vic.gov.au

All completed applications to be **returned to**:

Andrew Fitzgerald
Drugs, Primary Care & Community Programs Branch
Mental Health, Wellbeing, Social Capital & Ageing Division
Department of Health & Human Services
GPO Box 4541, Melbourne, Victoria, 3001.

CLINICAL SUPERVISOR - ACCREDITATION APPLICATION

Applicant Name: ____

Agency Name: ____

In addition to completing the sections below please attach the following information:

- Photocopies of relevant qualifications, including subject list and results achieved
- Full curriculum vitae, giving details of positions held and duties performed
- Any other relevant details

Mandatory Qualifications and Experience:

- Possess an appropriate tertiary qualification (minimum level of Diploma) in a health-related discipline. E.g. nursing, psychology and social work (Qualifications in fields such as criminology and welfare are not acceptable). A specific qualification within the field of substance misuse is seen as an advantage. e.g. Graduate Diploma in Addiction Studies.

Title of qualification and institute: ____________________________________

- has attained the minimum educational standard for working within the alcohol and drug system e.g. Certificate IV in Alcohol and Drug Work or equivalent competencies

Title of qualification and institute: ____________________________________

- has a minimum of 24 months, full-time, alcohol and drug work clinical experience delivering a range of treatment interventions in a credible alcohol and drug treatment agency/program

1. Drug Treatment Agency: ____________________________________

Position Held: ______________________ No. Months FT Experience: ________

2. Drug Treatment Agency: ____________________________________

Position Held: ______________________ No. Months FT Experience: ________

3. Drug Treatment Agency: ____________________________________

Position Held: ______________________ No. Months FT Experience: ________

I certify that the details given in this application are correct. I have attached:

- Photocopies of relevant qualifications, including subject list and results achieved
- Full curriculum vitae, giving details of positions held and duties performed
- Any other relevant details

Signature of Applicant: ________________________________ Date: ___/___/_____

Signature of Manager: ________________________________ Date: ___/___/_____

Title of Manager: ____

Agency name: ____

Address: ____

Phone: ____

Fax: ____

Email: ____

OFFICE USE ONLY

CLINICAL SUPERVISOR
Not Recommended / Recommended for Accreditation **Date: ___/___/___**

Recommendation accepted / rejected

Authorised by: **Date: ___/___/___**

Manager AOD Service Performance
Drugs, Primary Care & Community Programs Branch
Mental Health, Wellbeing, Social Capital and Ageing
Department of Health