



Nature Care College

Clinical Practice 2 *External Supervisor Application Form*

Student Information, Approval Process, Check List & Practitioner Application Form

*Applicable to students undertaking
Advanced Diploma Clinical Practice 2 training externally*

STUDENT INFORMATION

Welcome to Clinical Practice 2 - the clinic-based subjects centred on practical experience where you will bring together all the knowledge you have gained through your study. Gaining practical experience within a clinic setting is an extremely important part of your learning experience.

We hope that you will embrace this clinical experience and make the most of your time with your supervising practitioner.

Requirements

- Advanced Diploma of Integrative Natural Health – **Total 144 hours**
- Advanced Diploma of Integrative Nutritional Therapeutics **Total 126 hours**
- Advanced Diploma of Western Herbal Therapeutics – **Total 126 hours**

Students must have their supervising practitioner approved prior to commencing these hours (see approval process below).

APPROVAL PROCESS

Students must have their prospective supervising practitioner approved prior to completing their hours of supervised clinic.

Please note that the time to process the application may take 2-3 weeks, so please take this into consideration when planning to start your clinical practice training.

External Clinical Practice training must be completed with a practitioner who fulfils the criteria below:

- ✓ has achieved a relevant recognised qualification in the applicable modality, equal to or higher than the training program the student is enrolled in.
- ✓ has a minimum of three years' experience as a practicing clinician.
- ✓ is a current member of a recognised Professional Association
- ✓ holds current Professional Indemnity Insurance

Your nominated practitioner is required to complete an application form to verify that they meet the above criteria.

APPLICATION FEE

You may choose to complete your external clinic hours with one or more supervisors. The application fee for *each supervisor* is \$200.

Students may choose to complete some hours externally and some hours at the Nature Care Wellness Centre. The assessment requirements remain the same for both external and on campus clinics.

If you are completing your clinic hours externally you do not need to enrol in clinic each term. Once you have your supervisor approved you are eligible to complete as many hours as you need to with them. You simply submit your clinic training log to the college via the student portal on completion of your hours with each supervisor.

CLINIC REQUIREMENTS

Over the duration of your clinic hours, students must conduct a number of consultations **as the primary consulting practitioner**. For each of these cases you must take the case history, develop a provisional diagnosis and treatment plan for your client.

These consultations must include Initial and Follow-up Consultations.

STUDENT CHECKLIST

This checklist will take you through all the steps required to undertake and complete Clinical Practice 2 externally. Please ensure you provide all the required paperwork so your External Clinical Practice application can be processed efficiently.

- STEP 1** Complete Section A of the 'Clinical Practice 2 - External Practitioner Application Form' by providing your student details.
- Ask your nominated practitioner to complete Sections B and C of this form.
- Submit the completed application form to: info@naturecare.com.au
- STEP 2** Nature Care College will review your application and notify you of the outcome via email. Upon approval you will be formally enrolled into Clinical Practice 2 after payment of the supervisor application fee has been received.
- STEP 3** Undertaking External Clinical Training with a supervising practitioner you will need to:
1. Arrange times with your approved practitioner (this is your responsibility).
 2. Ensure you take the Clinical Guidelines and Assessment Task document to each session and personally complete all sections on this Log for each session (this form is available on the student portal after enrolment).
 3. Ensure the practitioner signs each session you complete.
- STEP 4** Once you have completed your external Clinical Training hours with your supervisor, ask them to fill in the Practitioner's Report on your Clinic Training Log.
- STEP 5** On completion of your hours with your supervisor, you will need to submit the completed Clinic Training Log online through the Student Portal.

**All hours must be recorded on the Clinic Training Log in the
Clinic Guidelines & Assessment Task document**
(available through the student portal after your enrolment has been approved and processed).

Clinical Practice 2 External Hours Practitioner Application Form

A. STUDENT DETAILS

Name:	Student Number:
Name of Qualification:	
Date:	

B. PRACTITIONER DETAILS

Name:		
Contact phone numbers:		
Email:		
Website:		
Clinic / Business Name:		
Address:		
Number of years in professional practice:		
Qualification	Year of Completion	Institution
Professional Association	Year Joined	Membership status
Professional Indemnity		
Is your professional indemnity insurance current?		Yes / No
Name of insurer:		
Policy number:		

Please provide a brief overview of your practice including modalities, equipment used (eg in-clinic testing), and any areas of specialisation.

Dispensary

Do you have a fully stocked dispensary? Yes / No

Brief outline of your dispensary:

During their time with you, the student will need to gain experience in each of the following:

- Observing Consultations
- Taking Consultations *
- Dispensing supplements
- Other dispensary duties:

* Please note that students need to take initial and follow-up consultations during their hours with you. The student should assist in providing these clients.

Please describe any other duties the student may be undertaking:

C. PRACTITIONER DECLARATION

I hereby confirm that the information provided by me in this application is true and correct.

Practitioner Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____

D. APPROVAL

This application to undertake clinic training with the above practitioner has been approved by Nature Care College:

Approved: Yes No

Name: _____ Date: _____