

## Medical Education Unit - Term Supervisor Agreement

<b>Name of Site</b>	Mater Hospital Brisbane
<b>Name of Unit</b>	
<b>Name of Term Supervisor</b>	

I understand the role of the term supervisor as described in the Term and Clinical Supervisor Handbook.

I agree to perform the role of term supervisor, and accept responsibility for overseeing the training of resident medical officers (interns, JHOs, and SHOs) for the abovementioned Unit.

I have read and understand the Term and Clinical Supervisor Handbook which includes information regarding:

- supervision roles and responsibilities
- training and support available for supervisors
- feedback, assessment and performance management for prevocational doctors
- program governance and intern accreditation.

I understand it is strongly recommended that I attend one of the Supervisor Workshops run by the Medical Education Unit.

I agree to represent the abovementioned Unit at the Medical Education Committee meetings as scheduled quarterly (where practicable).

<b>Signature (Term Supervisor)</b>	
<b>Date</b>	

<b>Name (Director of Clinical Training)</b>	
<b>Signature (Director of Clinical Training)</b>	
<b>Date</b>	

**Title:** MEU Term Supervisor Agreement

**Type:** 09 CRF - Corporate Form

**Document ID:** MPPL-04156

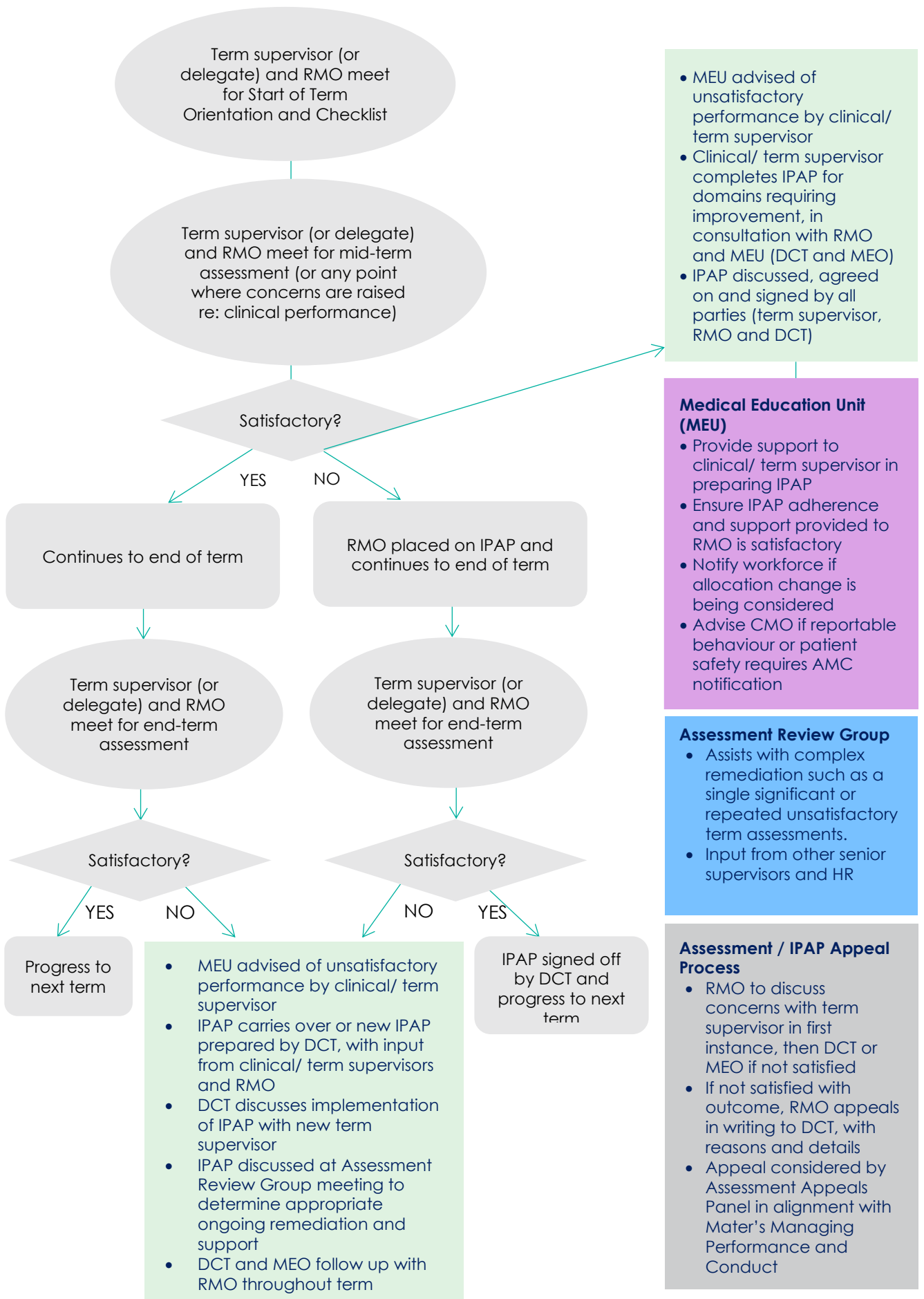
**Revision No:** 2

**Release date:** 15/07/2021

**Approval:** Director of Clinical Training



# RMO Assessment and Support Process



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