



Workplace Supervisor Agreement

I _____ agree to fulfil the role of workplace supervisor for,
(Supervisor's name)

_____ who is enrolling in,
(Student's name)

HLT37121 Certificate III in Hospital/Health Pharmacy Support

I am qualified to be a workplace supervisor as I am (*please tick one*):

- A qualified pharmacist with at least 5 years current work experience
- A Cert IV Hospital Pharmacy Technician with at least 5 years current work experience

I agree to provide supervision by way of **ALL** of the following (*please tick all*):

- Assisting the student with their learning process
- Reviewing assessments for the student
- Verifying the student's ability to successfully perform tasks to industry standard by signing reports, log books and practical assignments.

Signature of Workplace Supervisor.....

Qualification.....

Hospital Name.....

Hospital Address.....

Date.....

Pharmacy Authorization Stamp

If the employer is paying the enrolment fees please complete the "Authority to Invoice" form in enrolment package. If the student is responsible for the enrolment fees please disregard