**BASES SEPAR Supervisor registration**

**Name:**

**BASES membership number:**

**HCPC Registration number:**

Please confirm that you will report to BASES immediately any discontinuation of HCPC registration

**Candidate name:**

**Duration of training route:**

1. Please confirm you have completed the SEPAR training on Supervised Practice and have received your certificate endorsing you as a SEPAR Approved Supervisor
2. Please confirm you have read and understood the ‘Supervisors Handbook’
3. All BASES members must abide by The BASES Code of Conduct. This states that “*Members must ensure that suitable insurance indemnity cover is in place for all areas of work that they undertake*”.

Please confirm you have suitable Professional Indemnity Insurance registration in place for the supervision of SEPAR Candidates

1. Please confirm you have a signed Supervisor-Sport and Exercise Psychologist in Training (SEPiT) agreement in place for supervision with the candidate listed above including frequency/duration of contact with candidate, expectations of them and yourself and payment terms (where appropriate)

**BASES strongly recommends that suitable advice for agreements is sought. The Supervisor is responsible for all HMRC requirements of tax and National Insurance, including all self-assessment completion and submissions**

1. I have agreed to supervise the above candidate as per the expectations of BASES SEPAR Programme
2. Please place ‘x’ in the box if you would like to be contacted by the SEPARC Supervisor representatives. These individuals will represent the supervisors at relevant meetings and will facilitate interaction amongst the group via meetings/group messaging etc. as appropriate.

Signed:

Dated: