# FORM 3

*Supervision Directions Land Surveyors, Tasmania*

## Supervision Summary Post Certificate of Professional Training (Form 2 signoff)

A Supervision Summary (Form 3) must be submitted to the Board by the Candidate following signoff of the Certificate of Professional Training (Form 2) as evidence of continuing supervised cadastral experience **every 6 months** until the awarding of a Certificate of Competency/admission on the register of Land Surveyors Tasmania.

I ……, a surveyor registered under the *Surveyors Act 2002,* hereby certify that …….. a registered candidate who completed their Certificate of Professional Training (Form 2) on ……./……./……. has undertaken the following surveys, which have been recorded by the Supervising Surveyor in accordance with the *Supervision Directions Land Surveyors Tasmania* section 3.6 Supervision Records.

(1) has been professionally supervised in the practice of land surveying for this 6-monthly reporting period ……./……./……. to ……./……./…….; and

(2) has, during this period, recorded in our retained supervision records evidence of the following (attach additional table if required).

| Urban or Rural U or R | Reg Number if known | Job Type | Level of Supervision "I" immediate or "G" General | | | | Commence Date | Complete Date | Job Supervising Surveyor Name & Registration Number |
|---|---|---|---|---|---|---|---|---|---|
| | | | Search | Field Survey | Reinstatement | Drafting | | | |
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| | | | | | | Total | | | |

Dated at ……./……./…….  Signed …… Registered Land Surveyor  Signed …… Registered Candidate

*Certificates are to be lodged within 28 days of the completion of a period of practical experience, that is the "to" date stated on the form. If this requirement is not met, a request for an exemption must accompany the form, noting that it is optional for the TLSAB to accept a form lodged under this circumstance.*

*Attach additional tables if required*

| Urban or Rural U or R | Reg Number if known | Job Type | Level of Supervision "I" immediate or "G" General | | | | Commence Date | Complete Date | Job Supervising Surveyor Name & Registration Number |
|---|---|---|---|---|---|---|---|---|---|
| | | | Search | Field Survey | Reinstatement | Drafting | | | |
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Dated at ……./……./……. Signed …… Registered Land Surveyor Signed …… Registered Candidate

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*Attach additional tables if required*